

For Reference

Not to be taken from this room

the first year...

Lawmakers Enact Umbrella Health Agency

I.B. 2004 Creates
A New Department
Of Health Services

The 31st Arizona Legislature has
acted in 2004, which establish-
a Department of Health Services
transfer of

peculiarities of health problems."
He will serve in the post at the plea-
sure of the Governor.

The Governor will also appoint
a 15-member Advisory Health Ser-
vice Council whose members will
be appointed at the pleasure of the

H.F.
Governor
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Ch. 127 (H2008) requires the
Arizona Health Planning Authority
to prescribe uniform accounting
practices and systems of accounts
for health care institutions. Health
institutions reporting and finan-
cial statements will be submitted
to the authority under the Act.

annual report

of the Arizona

Department of Health Services

FORMS LIAISON UNIT

APHA Chief
New Department For
Its Team Approach

Harold Woodward, president of
the Arizona Public Health Associa-
tion has praised officials of the new
Department of Health Services for
its team approach in tackling in-
diverse groups of "people
concerns. Department
staff, profes-
sionals from the
health sectors,

Schamadan To Outline
The recent health director, will
the state reorganization at the
services in Arizona at the
the session of the Arizona
the Arizona Public Health

Health Council
Also Keeps

Help Shape
The state health
council will

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first year . . .

1974 annual report

Arizona Department of Health Services

January 1975

NONDISCRIMINATION — No person in the state of Arizona shall, on the grounds of sex, race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity administered, supervised or funded by the Arizona Department of Health Services as required by the federal government as a prerequisite for fiscal grants-in-aid. Sec. 601, Civil Rights Act of 1964. (78 Stat. 252; 42 U.S.C., 2000d) Sec. 202, Executive Order Number 11246 of September 24, 1965 (30 FR11269) and Sec. 23-373, Arizona Revised Statutes.



State Department of Health Services

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Phone: 271-4521

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ARIZONA HEALTH MEMO 1

Describing the Arizona health picture, Health Services Director Doctor James Schamadan digs beneath the surface symptoms to expose some basic causes, and makes some suggestions for improvement.

THE NEW DEPARTMENT 9

The organizational arrangement is based on the premise that if an agency remains sufficiently flexible, then good ideas may spring not just from the top but from any program level. The Why and Wherefore of the new agency.

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During a period of galloping inflation it is doubly important to base health expenditures on sensible priorities. Brief run-down on how the health dollars were put to work.

THE PEOPLE OF ARIZONA 19

Our state continues to attract Americans from every section of the country. Rapid growth has brought some problems, but we've made some progress too.

SOME HIGHLIGHTS 23

Descriptions of new or major activities. These include a progress report on Medicaid, and a wrap-up of health activities in the local communities. Other features help demonstrate what public health is all about—namely, people helping people.

PEOPLE AND PROGRAMS 43

Profiles of the groups served by public health, and reports on the programs designed to help them:

arizona

The State Health Services Director reports on some existing problems, programs and resources. Along the way, he recommends steps to improve the general health picture in Arizona.



James L. Schamadan, M.D.

health

MEMO

OUR HEALTH SERVICES MACHINE

In this brief report I want to talk, among other things, about two key parts of the health services machine—facilities and manpower—and suggest how we can best provide those needed parts. But first things first. Before we make or buy parts for any machine, we must agree as to what it is, how we want it to run, and what we expect it to do for us. Otherwise we could wind up trying to adapt old parts to a new-model engine.

The enormous progress from the Model T to the modern jet engine did not come overnight but in a series of steps. Our health machine must go through

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IMPACT OF LEGISLATURE

"There are a number of ways to measure health manpower shortages. Unfortunately, the most common method, it seems, is no longer adequate, if it ever was. This is simply to count heads and lament the continuing problem. I am not sure whether this is a system or a numbers game. It is like repeatedly putting our finger in a small hole in the dike at the very moment the dike itself is about to be swept away by a tidal wave of ever-increasing, competitive demands for health personnel."

—the late Chet Carpenter

MANPOWER PICTURE

One of the lessons we've learned is that we can no longer measure health manpower needs by simply counting vacancies in existing kinds of jobs, or measure the need for facilities by counting hospital beds. Such limited yardsticks fit the way things are rather than the way they might be.

We must not only develop better yardsticks for measuring our manpower needs, but we must do a better job of filling those needs,

the same evolutionary process, and it must be carefully planned. The planners must include both those who need the health care and those who provide the services.

In Arizona, this consumer-provider effort is already under way, and one of the prime agents has been the Arizona Legislature, through the information-gathering phases of the legislative process. This is bringing needed innovations in meeting our health manpower needs, and has helped to establish the containment of hospital and related health costs as a proper area of public concern.

The evolution toward a more effective and universally acceptable health system is far from complete. Even so, we've already learned some valuable lessons about adapting facilities and manpower to such a system. The lessons have been imposed on us by medical and technical advances, increased consumer expectations, and other developments.

too. As a physician I'm convinced that we've been overlooking one obvious and abundant source of health manpower.

The consumers—the people themselves—represent the largest available pool of health workers. It is the group with the highest motivation of all—namely, the protection of their own health. But before we can exploit this source, a number of things must take place.

THE HUMAN HEALTH WARRANTY

Both the automobile and the human body come with a warranty. In both cases, the warranty has an implied responsibility for the owner to take part in the smooth running of the machine. But to hold up his end of the bargain, the individual citizen must know and be able to apply sound health practices based on current scientific knowledge. Our experience among all population groups has indicated that too many people lack such knowledge, or don't know how to use it. Only when the individual citizen has the know-how and can apply it to protect his own health can he be held responsible and, ultimately, accountable to hold up his end of the bargain.

Because it is vital to the development of an effective health delivery system to serve the people of our state, I urge that we consider steps that will extend health education to all public and private schools, health delivery systems and other enterprises concerned with health. Also, we should take advantage of a major new program—Arizona Medicaid—to provide health education to those who receive assistance under that program.

MANPOWER DISTRIBUTION IN ARIZONA

This Department is just completing a study that suggests distribution rather than the total supply of health manpower to be the main problem in Arizona. For example, in



Pima and Maricopa Counties
there is no shortage of physi-
cians if you go by population-
physician ratios. But not
enough of those physicians are primary care physi-
cians and general practitioners. Also in those counties
there is no shortage of nurses and no shortage of dentists
or other health workers.

THE RURAL AREAS:
NEW APPROACHES
ARE NEEDED

The picture is less bright outside the two large metropolitan areas, and it is here that the traditional numbers game is least adequate either to measure or to fill health manpower needs. To our credit, Arizona has begun to explore some new approaches. These include the use of transportation to bring the services to the people and, when more practical, to bring the people to the services. We have also begun to employ new and existing kinds of health workers more effectively. Finally, it is timely to note that the University of Arizona College of Medicine will soon begin a two-year project to place students in their last year of medical training in rural "doctor poor" areas. To make up for the professional and academic isolation such participants will face, the project is to include the novel use of a camper-type van equipped with a medical library and audio-visual educational and demonstration tapes.

These are good beginnings, but there's no time for self-congratulations.

We must continue to explore new modes of health delivery, and continue current efforts to use our most highly skilled practitioners more effectively. To do so we must develop new types of health workers.

FACILITIES
PICTURE

As in the case of health manpower, the distribution of health facilities rather than total supply is the basic problem in Arizona. In planning for health facilities we must take into account current progress in health care. Modern treatment modalities enable a shorter hospital stay. Today there are more outpatient facilities, health maintenance organizations, and other alternatives to hospitalization. There is greater accent on prevention. All of these developments make obsolete the traditional yardsticks for measuring the need for facilities.

Existing legislation requires that this Department and the local health planning agencies review proposed changes

LIMITED EFFECT OF RATE REVIEW

in the rates charged by hospitals and other facilities. Despite the current runaway inflation, this probably has had some holding effect on rate increases.

But the facilities are not bound by the findings of the rate reviews. Also, the reviews are pretty much restricted to determining whether the proposed raises are needed, and not *why* the facility may be in financial trouble. Conceivably, this could reward an institution for inefficiency. The procedure does not include means for dealing with duplication of services among the facilities in a given community, either. This too affects costs.

For these reasons I ask that we consider steps to improve the cost containment effectiveness of the present rate review law; and consider the creation of incentives for improving the efficiency of facilities operations.

MEDICAID

Development and implementation of the new Arizona Medicaid represents the biggest single project assigned to this Department for the coming year. Certainly it is among the most exacting challenges for innovations in the delivery of health care. And as I have already suggested, the program offers an excellent vehicle for helping a substantial group of citizens to become the primary caretakers of their own health.

the

new

department

There's a greater need than ever before to integrate health, social and other services to make them more effective in meeting the so-called people problems. We want to learn from the success stories of the private and voluntary programs, and help bring future progress.



The Department of Health Services was created by the Arizona Legislature to develop better ways of dealing with the new and changing problems of a fast-growing state. The new agency has been organized to meet this challenge.

SOME MAJOR OBJECTIVES

The arrangement of Department programs and activities is designed to carry out several major objectives. One is to apply the team approach to individual and, in particular, related groups of "people problems" and conditions. This is in contrast to the traditional categorical approach that often failed to relate a given problem to the total health picture. The old approach brought only partial solutions.

Another major objective of the Department is to give major support to the local health agencies and programs. This is in keeping with the longstanding policy that health problems are primarily local problems, and should be met to the extent possible in the local community. The local approach is both more effective and more practical in the use of available health dollars.

**IMPROVING
DIRECT
SERVICES . . .**

The new agency's programs have also been arranged to improve services to the several groups of citizens who receive direct health care from the state government. The groups include the mentally ill and the addicted, the aging, crippled children, and a limited number of mentally retarded.

**FOR THE
CHILDREN**

The Department's child health services have been combined with the maternal and child health activities. This has brought more efficient use of health workers and other resources, including available funds. Most important, the new arrangement provides the children with a more all-inclusive array of needed services.

**FOR THE
MENTALLY ILL**

The Department's mental health and addictive behavior programs have been similarly combined with the State Hospital. The resulting coordination of such related activities provides more certain continuity of service to the patient. For example, the State Hospital patient who is ready to return to his home community is more easily put in contact with the outpatient services he may need from an appropriate local agency.

**FOR THE
AGING**

The Arizona Pioneers' Home at Prescott was also included in the new Department. By placing the Home organizationally within the Division of Community Health Services, the facility has access to a wide variety of consultant health services. The Department also provides fiscal management and related assistance.

SUPPORT FOR LOCAL SERVICES

The Department provides an equally wide array of consultation and assistance to the county health departments and, on request, to private and voluntary health facilities and agencies in the communities. Such services include nursing, nutrition, dental, laboratory, speech and hearing therapy, environment-related, and a variety of others.

TEAM APPROACH

The team approach to problem solving is already being applied to a number of Department activities. One such major project is the current development of Arizona Medicaid. As described elsewhere in this report, literally hundreds of representatives from the private and voluntary health fields, consumers, state and local health officials, the insurance industry and others are helping to fashion a Medicaid program to fit the needs of Arizona citizens.

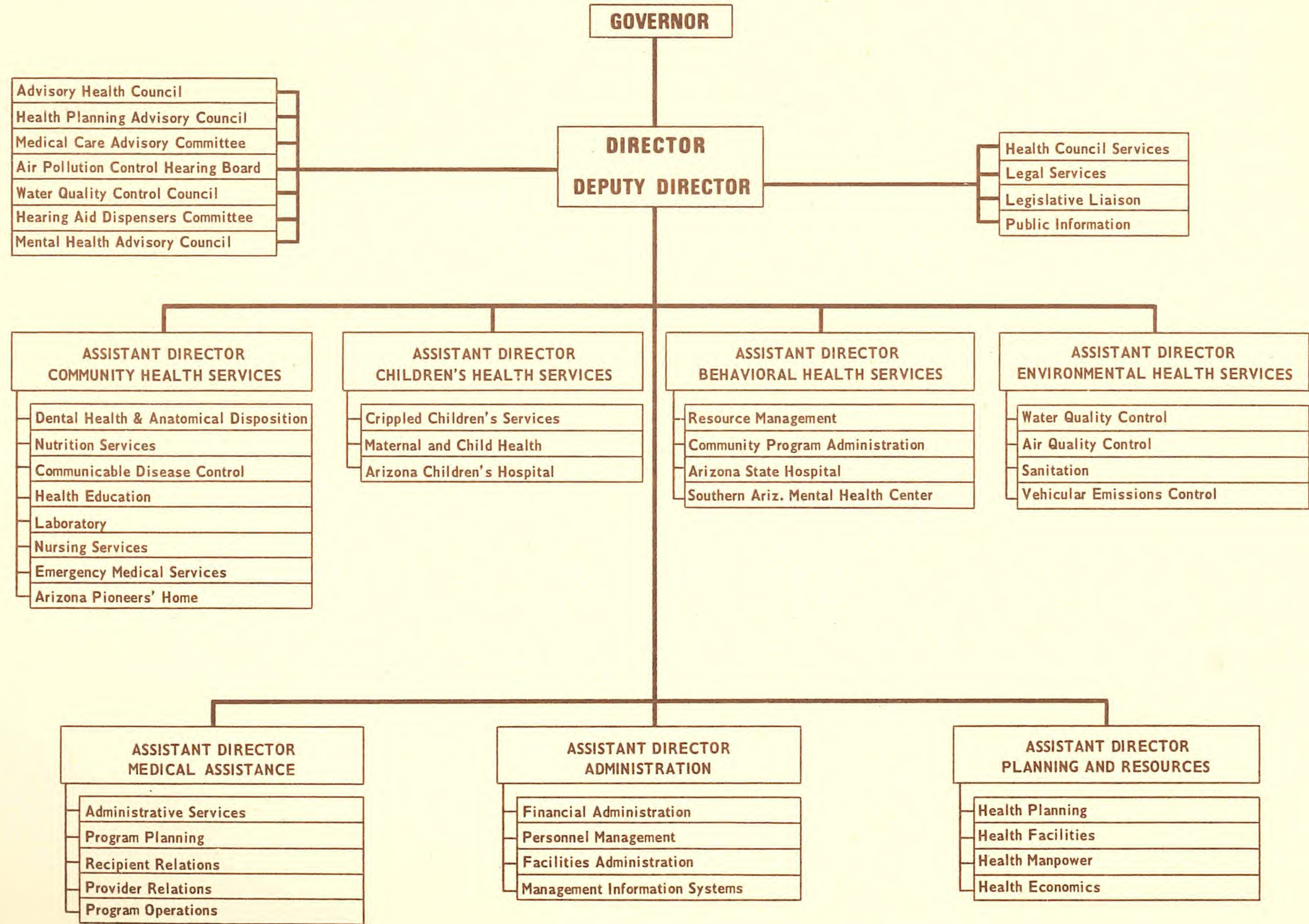
A more modest but important team effort is the Department's crash program to acquaint the public with a simple technique to save the lives of choking victims. Though small in scope, this project serves to demonstrate some useful facts of life.

One such fact is that, given the proper staff spirit, a government agency can respond quickly and effectively to a clear and present danger, in this case a health hazard.

Another lesson this project offers is that, given a reasonable amount of ingenuity, the agency can launch the needed project without a great investment of tax dollars.

Finally, a number of current team projects have been demonstrating that if an agency remains sufficiently flexible, then good ideas may spring not just from the top but from any organizational level; certainly not just from within the government agency but from among its working allies outside of government.

Arizona Department of Health Services



the

price

of

public health

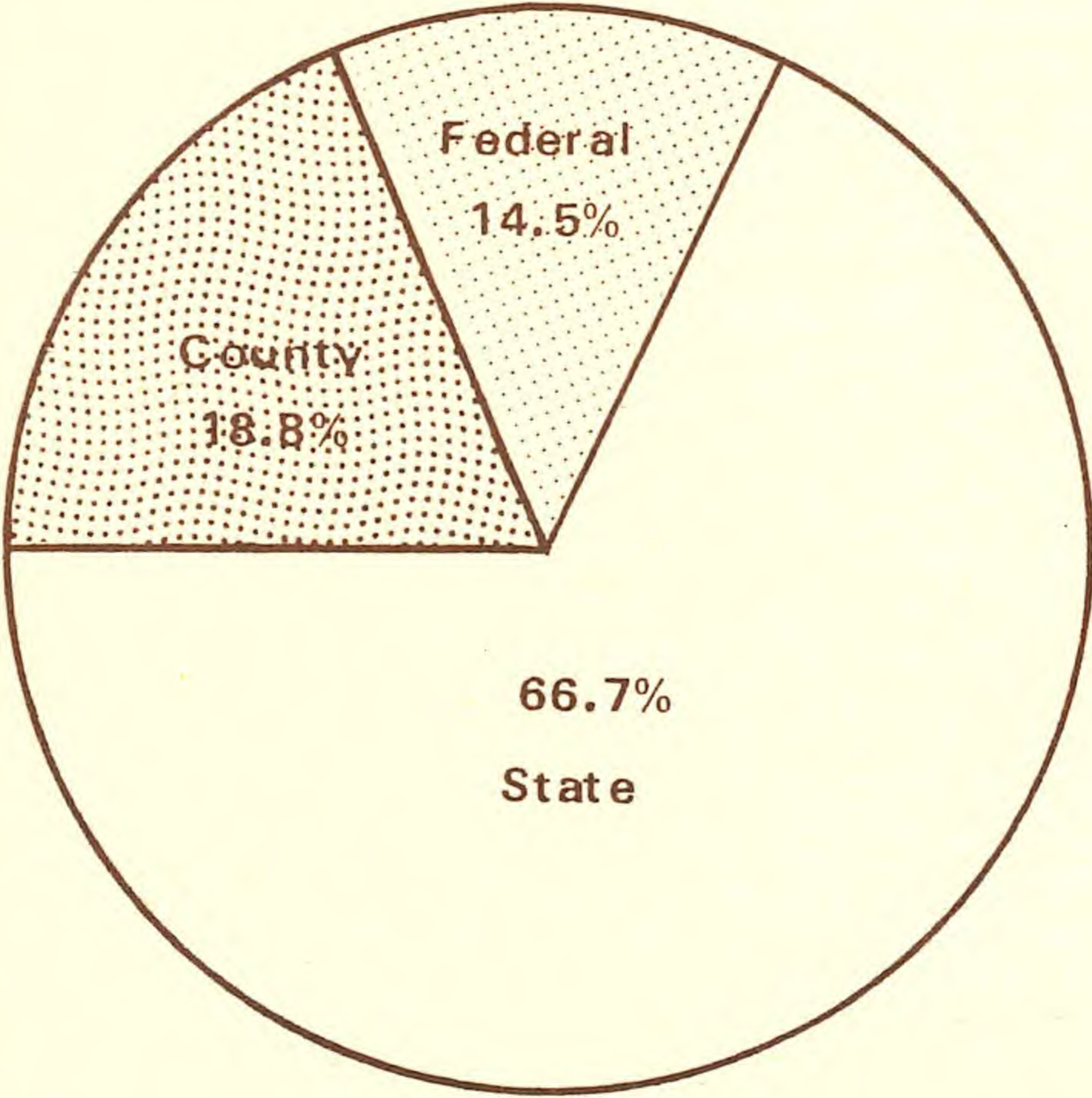
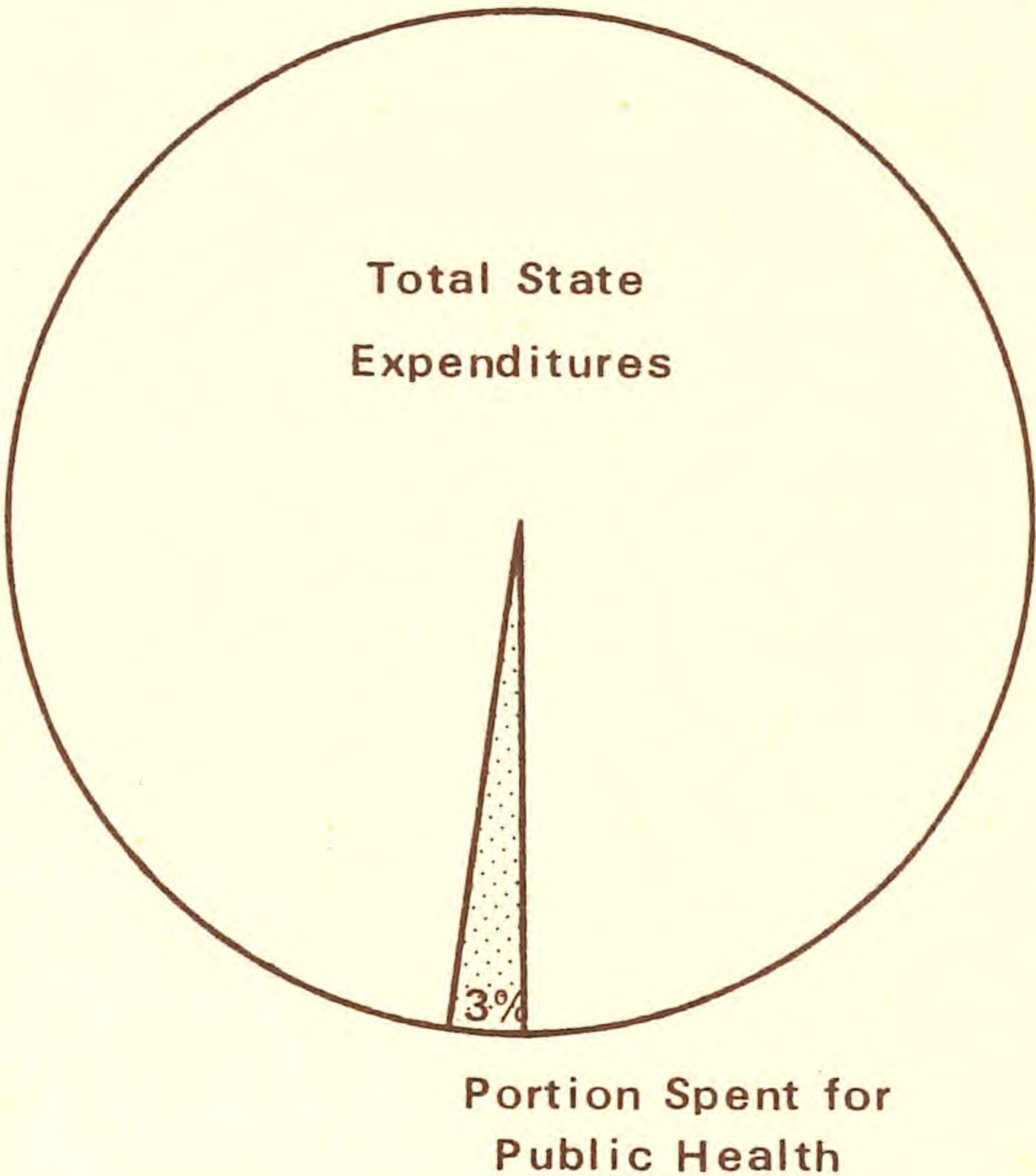
“Our task is to make the very best use of every health dollar. This is doubly important during the present period of galloping inflation.”

—Richard Shanks, Assistant Director

programs and services

From July 1, 1973 to June 30, 1974, public health programs and services in Arizona's state and county health departments cost a total of \$42,985,808.

The state share of this cost was \$28,679,500. This comes to slightly more than 3 percent of total cost of state government—\$876,251,716.

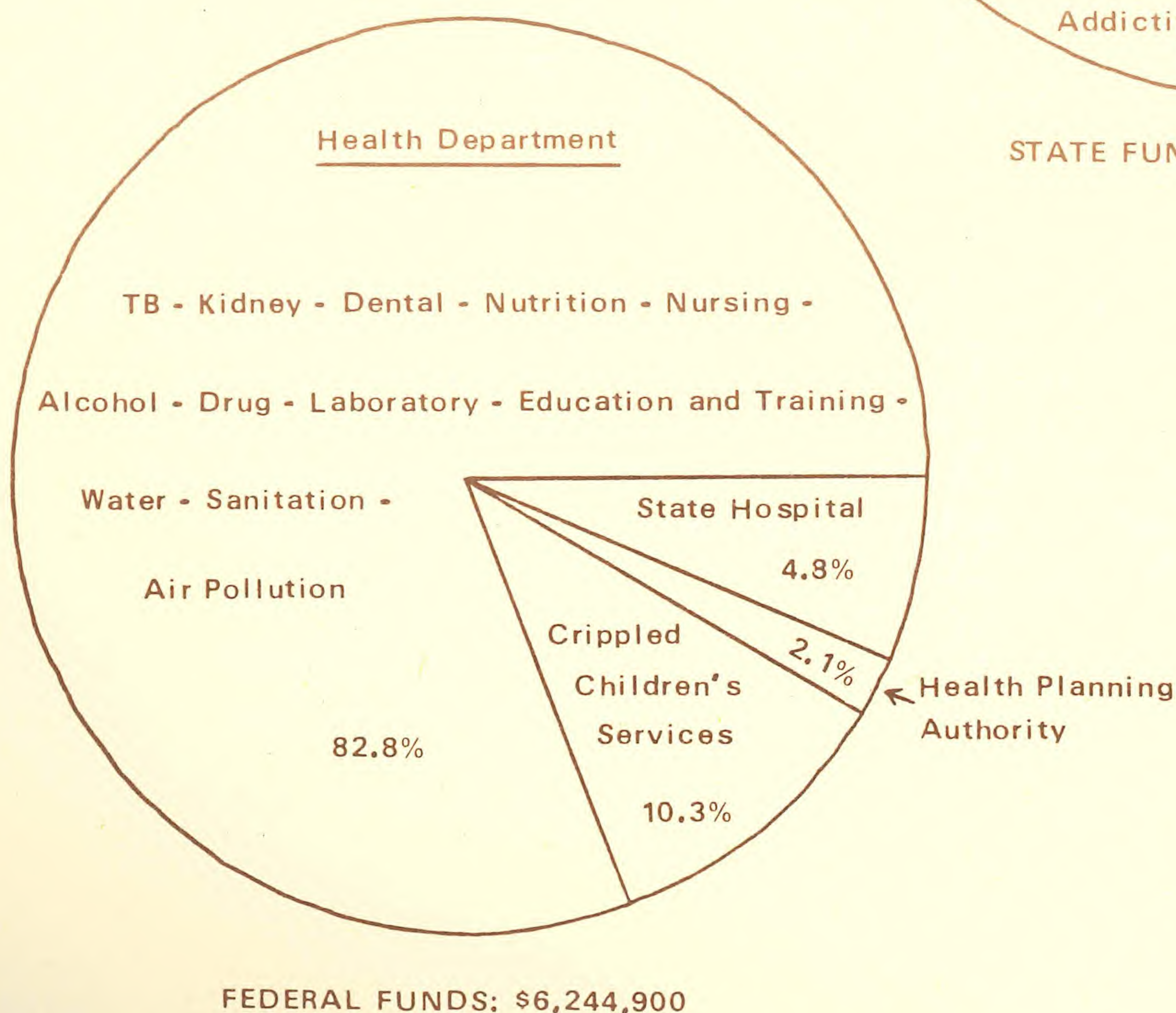
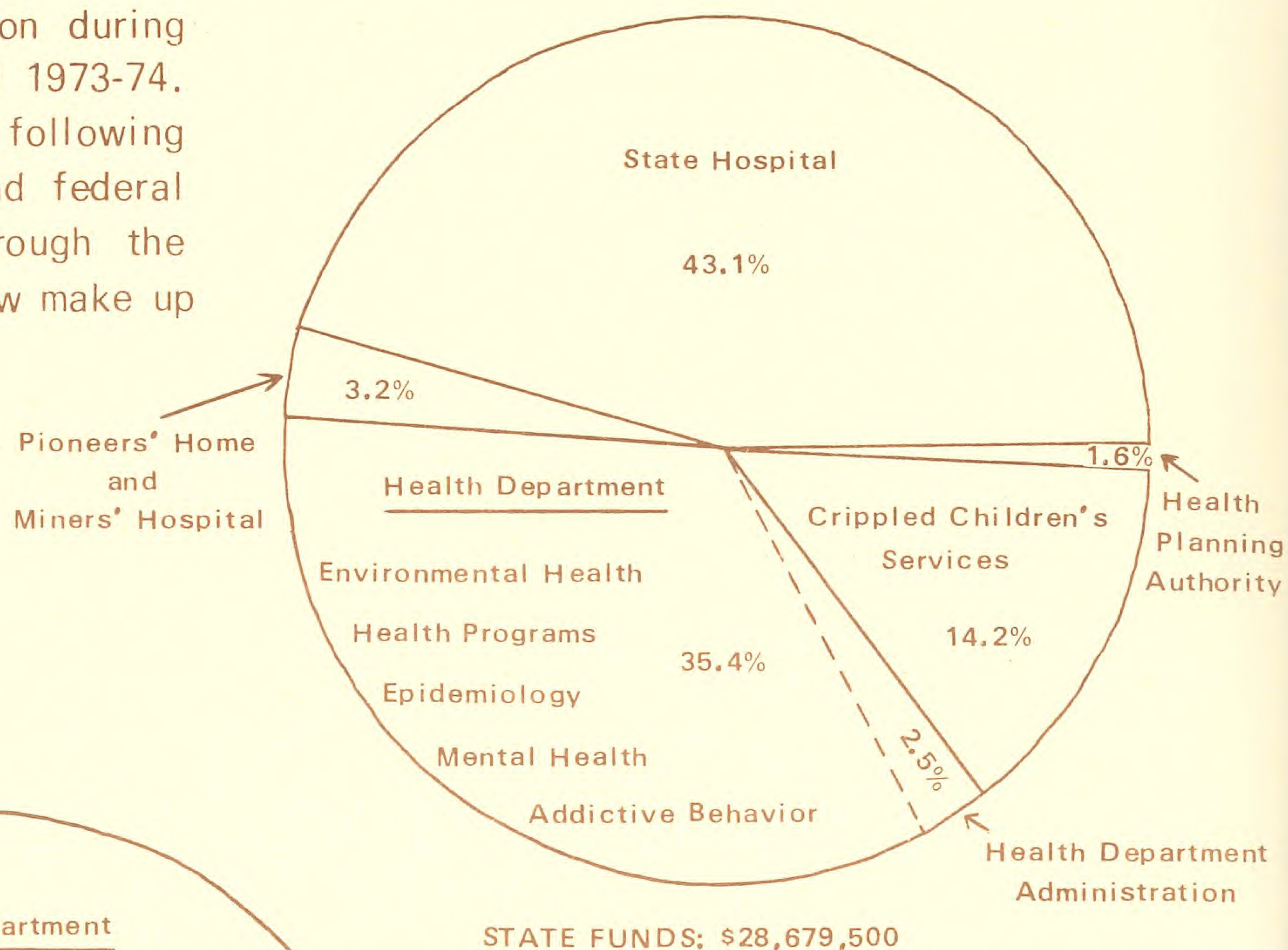


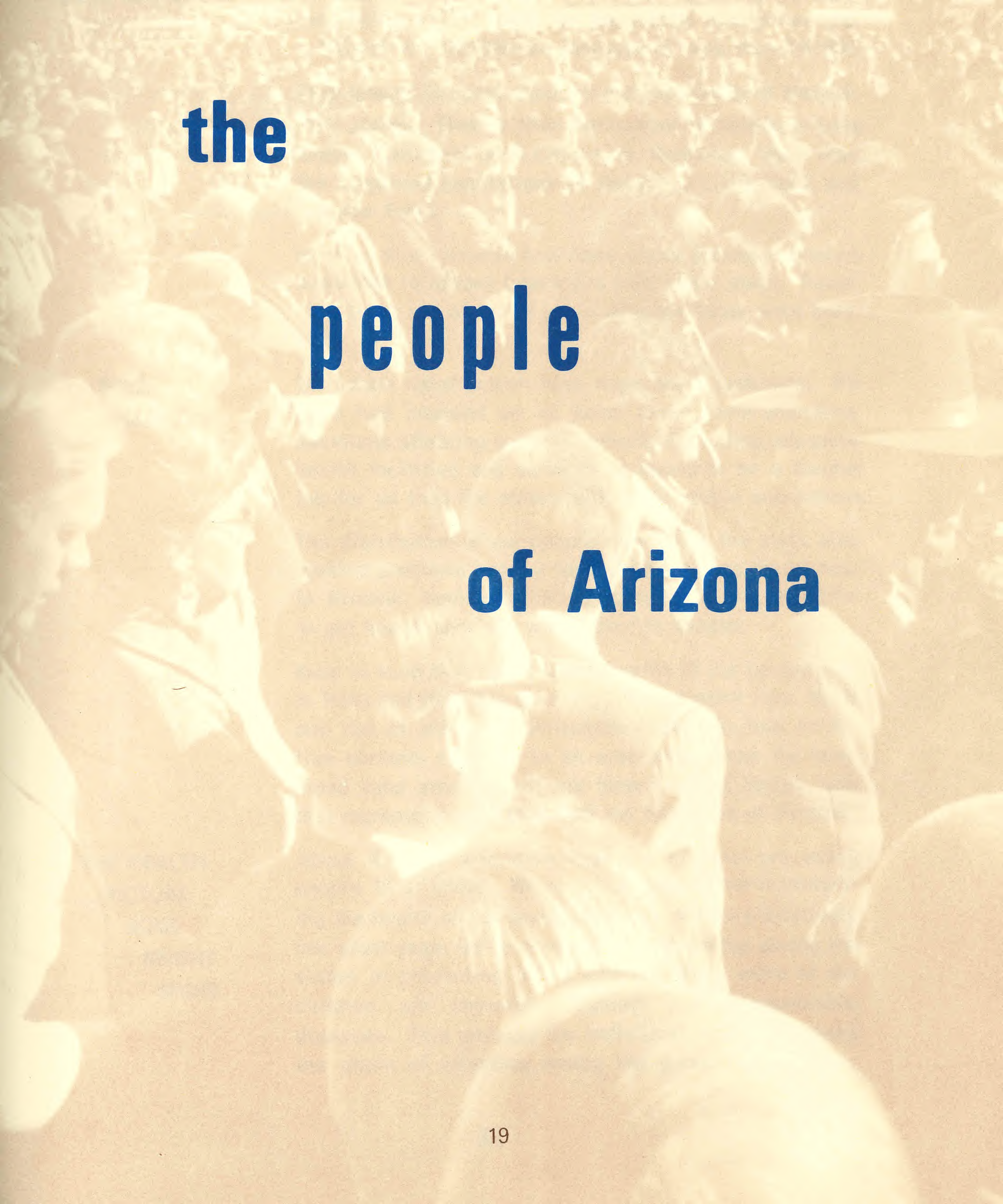
The three levels of government shared the cost of public health programs and services as follows:

County	\$ 8,061,408
State	28,679,500
Federal	6,244,900
TOTAL	\$ 42,985,808

how the health dollars were used

The State Department of Health Services began operation during the latter part of fiscal 1973-74. For this reason, the following breakdown of state and federal funds is reflected through the former agencies that now make up the new Department.





the

people

of Arizona

RAPID GROWTH

Arizona continues one of the fastest growing states in the nation. Since 1970 our population has grown from 1,773,428 to 2,150,000—an increase of more than 376,500.

This growth is about equal to the population of Newark, New Jersey. Greater than the number of people in Long Beach, California or in Louisville, Kentucky. More than the combined populations of Amarillo, Little Rock and Niagara Falls.

Most of this increase has come about because Arizona continues to attract Americans from every state. Fewer than three out of ten of us in Arizona today were born here.

SOME PROBLEMS

With such rapid growth have come some problems. We have had imposed on us some tough, soul-searching decisions affecting our environment. Providing adequate health facilities and services is bound to be a tougher job for us than for states with more stable populations.

The distribution of our people throughout the state also created problems more or less unique among the states. In Arizona, more imaginative approaches are called for to get health services where they're needed.

Keep in mind that nearly three-fourths of our people live in Pima and Maricopa Counties. At the same time, about one out of every ten Arizonans—238,800—live in the five northern counties in an area larger than the combined land areas of all six New England States, and that represents more than half the total area of Arizona.

THE HEALTH PICTURE: SOME BRIGHT SPOTS

About 974,400 Arizonans—two out of five—are young people 19 or under. We're doing much better in protecting the health of our young citizens. Within a relatively few short years we've climbed to near the top among the states in preventing infant deaths. Many more of our children are immunized against the communicable diseases. This protects the individual, and also breaks the chain of infection among the general population.

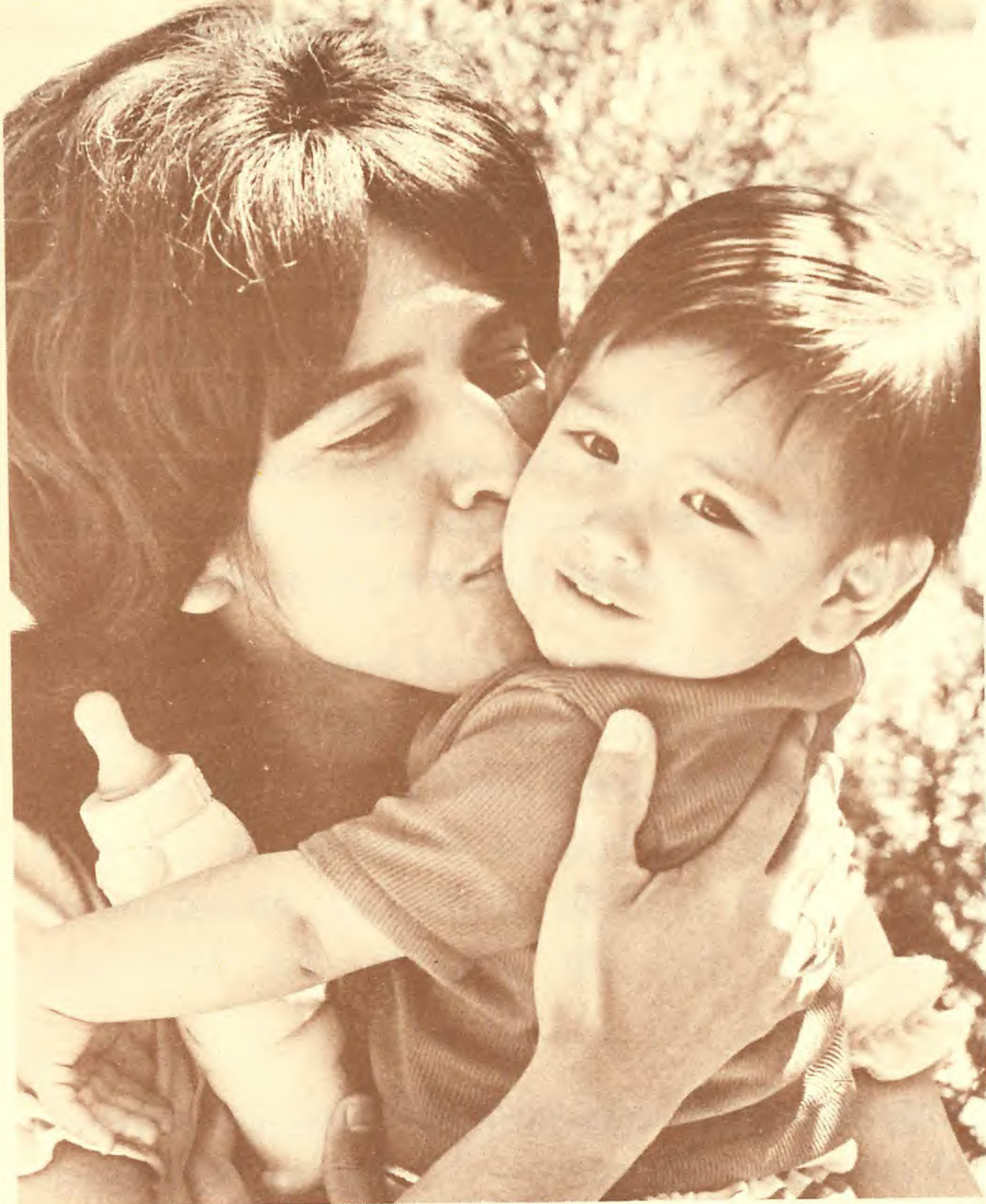
A number of developments described in this report have brought progress in the treatment of tuberculosis among all age groups.

**NOTE OF
CAUTION**

On the darker side, venereal disease here and elsewhere in the nation has reached epidemic proportions, with no quick solutions in sight. There are indications, too, that in the campaign against drug abuse our early optimism may have been somewhat premature.

some highlights





"Arizona Medicaid requires that the Department of Health Services test new methods of health care delivery. This will help make more efficient use of existing resources."

*—Gary Hulshoff, Ph.D.
Assistant Director*

medicaid to benefit three groups

The Department's newly created Division of Medical Assistance has taken a number of first steps toward development of Arizona Medicaid, which goes in effect October 1, 1975.

STATEWIDE EFFORT

The project is a team effort that includes task forces representing the private and voluntary health fields, state and local public health officials, consumers, the insurance industry and others involved in health care.

The program, enacted in 1974 by the 31st Legislature, provides means of payment for certain kinds of health and medical services for low income persons in Arizona; and provides some arrangements for the actual provision and access to such services.

The enabling legislation also provides protection to the general population against the catastrophic effects of long or otherwise costly illness. This aspect of the legislation employs the insurance approach.

THREE GROUPS ELIGIBLE

Three groups of people will be eligible for Arizona Medicaid. They are the categorically needy, primarily welfare recipients; the medically needy, those with incomes slightly higher than the welfare standard; and state general assistance recipients, those who do not qualify for federally assisted welfare payments.

ELIGIBILITY REQUIREMENTS

In conjunction with the Department of Economic Security, eligibility requirements have been established for these groups, and the standards have been distributed to each county for determining the number of residents who will be eligible by October 1, 1975. Statewide, an estimated 260,000 Arizonans will be eligible for Medicaid assistance.

PROMPT PAYMENT

A major effort is being made to assure prompt payment for Medicaid services. To reduce the number of Department employees needed for the Medicaid program, the Director of Health Services made the decision to contract the claims processing to a fiscal intermediary.

CHECK ON COSTS

Another high priority goal is to control over-use of medical services, and to keep a tight check on costs generally. To bring about this fiscal control, a system is being developed to provide management and statistical reports on the program's operation. Such a system will also help bring a continuing upgrading of services.

Also being developed is a State Medicaid Plan for federal review; establishment of professional service review organization agreements; and arrangements for funding.

"For Arizona—the last state to adopt Medicaid—making haste slowly hopefully will produce some happy results."

—William Mack, Deputy Director

the local

scene



local agencies add new programs, services

Arizona's county health departments have been expanding their services to the people in their communities:

Cochise County has appointed a full time medical director, and nurse operated cancer screening clinics in six communities are being established on a yearly and bi-yearly basis.

Coconino County has established prenatal clinics, and has expanded nursing services in the Page area.

Yavapai County will provide a registered nurse with additional skills for determining whether homebound patients need referral to a physician. Funds for the position are provided through the Department of Health Services bureau of nursing services.

Graham and Greenlee Counties now have orthopedic clinic services to be held four times a year. Local physicians and public health nurses refer children with orthopedic problems to the clinics which are held by this Department's Division of Children's Health Services. The Division operates 102 such "peripheral" clinics throughout the state.

local services extend from clinic to the home

During 1973, 6,400 women received services at local maternity medical clinics. Another 12,200 received follow-up nursing in the home. More than 27,000 children were seen in well-child conferences; 17,800 others were visited at home. More than 100,000 immunizations have been given.



arizona's nutritionists develop first statewide WIC program

During 1974, 8,600 low-income mothers and children received special foods to supplement their diets through the Supplemental Food Program for Women, Infants and Children (WIC). The program is being carried out through most of the county health departments in Arizona; and through the Gila River Indian Community, Cocopah Tribal Council, and Papago Tribe of Arizona.

The program will be expanded during 1975 to include three new projects: the Navajo Nation and Greenlee and Yavapai Counties. This will extend the service to the low-income populations of all 14 counties. In addition to the Navajo Nation, the other Indian reservations included in the new projects are the Colorado River, Hualapai, Quechan, Salt River Pima-Maricopa, and the San Carlos.

WIC is primarily preventive. One of the conditions it can prevent among infants, children and pregnant and nursing mothers is mental retardation. At today's prices, the \$4,582,200 granted to the program for 1975 by the U.S. Department of Agriculture would provide lifetime institutional care for fewer than ten severely retarded persons. For this reason, using the funds for a preventive program makes more sense both from the fiscal and the human standpoints.

Arizona WIC program was the first such project in the nation, and was developed by the Department's bureau of nutrition with other members of the Nutrition Council of Arizona. Since its inception the Arizona program has won nationwide attention and is studied as a model by other states.



most school districts have immunization services

Immunization services have been extended to all school districts in Maricopa and Pima Counties and to most districts in other counties. The 1972 School Immunization Law makes school districts responsible for providing immunizations when parents request the service for their children.

Bisbee, Tempe, Flagstaff adopt water fluoridation

Bisbee, Tempe and Flagstaff have adopted controlled fluoridation of their water supplies. The actions bring optimally controlled fluoridation to about 150,000 people in Arizona.

Dental treatment costs in areas where the water supplies have been fluoridated are about half the cost in communities that do not fluoridate the water. For every dollar spent for fluoridation, \$46-50 is saved in dental treatment costs. Where the water supply is fluoridated, there is a 65 percent reduction in tooth decay.

The State Advisory Health Council has recommended that the Department encourage communities in Arizona to fluoridate their drinking water. The health measure has also been endorsed by the American Medical and Dental Associations and their state associations; and by many other organizations.

mental health services initiated in Kearny, Ajo and Apache Junction

During the past year, local mental health services have been started in Kearny, Ajo and Apache Junction; and admissions to state-assisted local programs have increased generally. All but 12 percent of the 30,000 admissions were treated as outpatients.

The Department was able to

increase mental health funding in rural and poverty areas. These have a high priority for assistance.

The Department has brought the state plan for mental health up to date. Future revisions will place greater emphasis on services rather than construction.

NOTE: Information on other local health-related programs appears in the People and Programs section of this report.

alert secretaries rescue victims by practicing what agency preaches

NOTE: During the past five years, 104 Arizonans have died from suffocation due to ingested food or objects. To combat this common hazard, Doctor Jim Schamadan, Health Services Director put together a special Department team to acquaint the public with a simple technique for saving choking victims. Known as the Heimlich Maneuver, the technique is named after its originator, Doctor Henry J. Heimlich, director of surgery at Jewish Hospital in Cincinnati. Just days after Doctor Schamadan launched the promotional program, a Department secretary, Virginia Benson was able to apply what she had learned at work to save her own daughter's life. Then, just a few weeks later Linda Wanamaker, another Department secretary, repeated the feat by saving a lady diner in a Phoenix restaurant. In the following account, excerpted in part from the "Arizona's Health" newsletter, public information staffer Don Hutchinson describes these lifesaving experiences.

"As Marguerite took a mouthful of food Judy made some comment causing Marguerite to laugh, and consequently to gulp," Ms. Benson related. "Right away I knew what was happening. She turned red, couldn't get her breath, couldn't talk. Tears came into her eyes and she began perspiring. My reaction was almost instinctive. Remembering the article (describing the Heimlich maneuver) I'd read at the office a few days earlier, I got Marguerite up from the table and made her bend over. I put my arms around her middle and pushed hard against her abdomen. After several such squeezes, the food came out and, although she was quite white and clammy for a time, within a half hour she was fine. If I hadn't read that article, I'm not really sure I could have dealt with the situation as positively and quickly—and who knows what might have happened."

Arizona Department of Health Services Director Dr. James L. Schamadan strongly endorses the use of the Heimlich maneuver.

"We are urging instruction of the maneuver to everyone engaged in food handling, including waiters, waitresses and food handlers aboard aircraft. Additionally, we are engaged in distributing leaflets and posters demonstrating the method, as part of a statewide campaign to publicize the technique."

Linda Wanamaker, describing her experience in a Phoenix restaurant, says she heard a waitress ask, in a panic-stricken voice, if anyone knew what to do for someone who was choking. Rushing over to the victim's table she applied the same technique to save the lady diner's life.

Was Linda Wanamaker frightened or upset during the emergency?

heimlich

maneuver



REENACTMENT - Virginia Benson demonstrates how she applied the Heimlich maneuver to aid daughter Marguerite, in their Tempe mobile home kitchen. Here, the victim is grasped around the waist, rescuer's hands locked together just above the navel and below the ribs.



SQUEEZE - Next, the victim is bent over, while sudden, sharp pressure is applied to the midriff. This may be repeated as necessary to expel the food lodged in the windpipe, loosened by the rush of residual air forced upward from the lungs. This method may be applied whether the victim is standing or lying down.

"Not during the emergency," she says. "But when it was over and I knew the lady was all right, then I suddenly felt weak-kneed."

Too weak-kneed to finish her own dinner?

"No, I'd never get that shook up," she laughs. "Not with food prices the way they are!"

GIFT OF LIFE

state kidney treatment program helps more than 100 Arizonans

During 1974, Arizona's Kidney Treatment Program helped over 100 victims of kidney disease to stay alive.

The program, soon to begin its third year, was enacted by the Arizona Legislature to help offset the catastrophic cost of treatment.

The State Department of Health Services contracts with Samaritan Health Services in Phoenix and Arizona Medical Center in Tucson for the operation of the limited care dialysis centers, and for the

provision of kidney transplants. During the year, \$345,000 was contracted for this purpose.

In Phoenix the dialysis center, located at Memorial Hospital, provided services to 40 patients. In March a new center was opened in Mesa (Desert Samaritan Hospital), and has since provided dialysis to 14 patients. In addition, Department of Health Services funds helped pay, in part, for the bills of 34 patients hospitalized due to complications, for kidney transplants in 13 patients, and for the home dialysis of 5 patients.

The artificial kidney unit in Tucson (University Hospital) provided dialysis care for 22 patients and helped with the home dialysis of 4 patients. Contract funds were also used to help 10 patients hospitalized due to complications, and 11 patients receiving kidney transplants.

new tuberculosis program saves state \$3¼ million

Since the closing of the State Tuberculosis Sanatorium in Tempe, tuberculosis patients have been receiving care in ten general hospitals in four areas of the state.

The dollar savings under the new program are already proving impressive. The average cost of care at the Sanatorium was \$2,730. Today the cost has been trimmed to \$1,595, almost half as much. During the first 12 months, the new program has brought a total dollar saving of \$754,936, despite continuing inflation.

better for patients, too

The program is generally better for the patient, too, enabling him to get needed care closer to his home. And in states with longer experience in caring for TB patients in general hospitals, as high as 93 percent of the patients have remained completely recovered.

Credit for the success of the new approach is attributed to chemotherapy, which has greatly reduced the need to hospitalize TB patients. In addition, an excellent clinic system for care and follow-up in all of the 14 counties has assured the necessary outpatient services.

Two extended care facilities are also available for patients in need of longer-term care.

"If you're going to help people you've got to respect their ethnic life styles. You can teach sound nutrition without asking a family to give up its lifelong food preferences."

*—Marfisa Going
Santa Cruz County Health Department*



new diet approach respects cultural food preferences

A time-tested maxim has it that if you're going to help people, you've got to play in *their* ball park. A diet approach developed by the Department's nutrition staff is bearing out the maxim. Key to the system is to work within the food preferences of various ethnic groups. Result: people like what's prescribed for them.

The approach has helped reduce the cholesterol levels of several thousand persons by an average of 54 percent.

It's the combination of foods, and the amounts, that matter. For example, a Mexican-American with a dietary problem feels at home with a prescribed lunch of two 8-inch tortillas, a cup of refried beans, a half cup of salsa (tomato-chili), two small lettuce leaves and a cup of whole milk.

Doctor Glen Friedman, Scottsdale pediatrician worked with Department staff to develop the system, which goes by the imposing name of *Alternate Approach to the Low Fat-Low Saturated Fat-Low Cholesterol Diet*.

Arizona Governor Raul H. Castro wields a chrome-plated shovel at ground breaking ceremonies January 14, 1975, signalling the beginning of construction on the new combined state health laboratory and state computer center building. Among those present were Jerry Freid of the T.G.K. Construction Company, left foreground, and H. G. Crecelius, Ph.D., chief, State Laboratory, center. The three-story building, to be located at the northwest corner of 15th Avenue and Adams Street in Phoenix, is expected to be completed and occupied in the spring of 1976.



new lab to strengthen present programs, enable valley fever and other research

Construction plans for the new State Laboratory building have been completed. The new facility will enable strengthening of the virology section of the Laboratory and triple the facilities for the environmental chemistry program. This will make possible added emphasis to such environment-related studies of air and water pollution, and enable addition of a new section for the investigation of foods contamination.

The State Laboratory will also be able to conduct some kinds of research not possible in the present building. One study of particular value to Arizona will involve the epidemiology of coccidioidomycosis (valley fever). Arizona is the major endemic area for valley fever in the Western Hemisphere.

department certifies 13 paramedics

The State Department of Health Services has certified 13 paramedics from Phoenix and Tucson as qualified to administer definitive emergency medical care to the sick and injured. The care may be given at the site of an emergency, during transport to the hospital emergency room, and in the emergency room under specific direction of a physician until hospital staff members take over. The Department's bureau of emergency medical services gave the qualifying examinations.

NEWBORN TRANSPORT

program gives infants lease on normal lives

Seriously ill newborns helped to survive by the Newborn Transport and Intensive Care Program are growing up to be normal children, a nurse follow-up program indicates. The Transport Program takes premature and other critically ill infants, by air and ground ambulance, to intensive care units in Phoenix and Tucson. The follow-up program indicates there is four to five times less incidence of retardation and other handicapping conditions among these children than among infants who survive without needed intensive care. The Department's Division of Children's Health Services reports about 1,000 critically ill newborn infants were served by the program during the past year.



"Health planning must not function in a conceptual vacuum that never gets off the drawing board. The job of the health planner is to reconcile what is desirable with what is possible—develop new and better ways of protecting the people's health at a cost the people can afford."

—James L. Schamadan, M.D., Director

health plan outlines problems, resources

Arizona's first Comprehensive Health Plan and the related Plan for Health Services will be completed in early 1975. The plans include a number of reports on specific health conditions, and on the needs and problems of the major population groups. The plans describe health resources in the state.

SCREENING PROGRAM

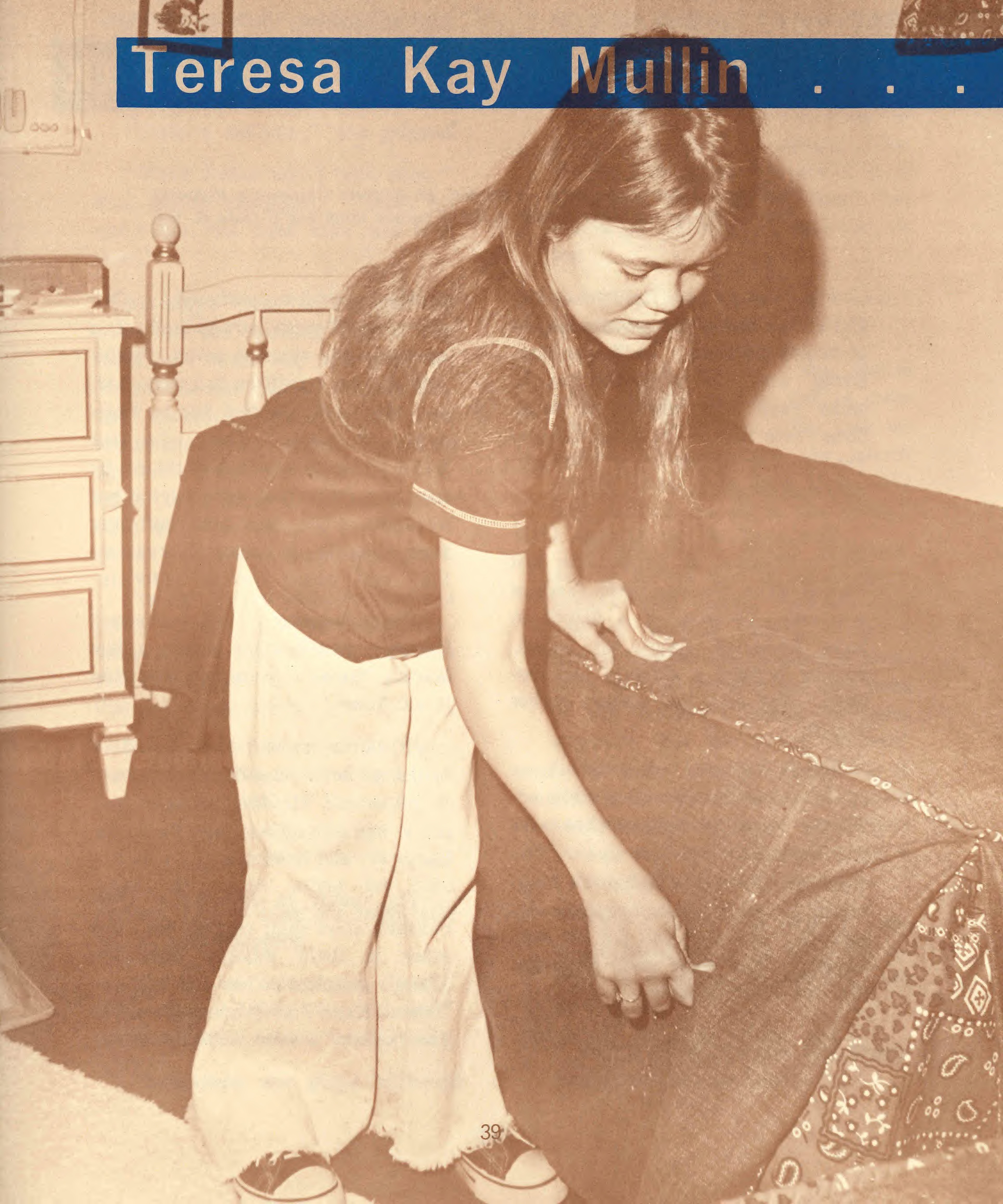
early detection would reduce deaths from cervical cancer

The Department of Health Services is preparing a three-year statewide cervical cancer screening program for Arizona to be launched in early 1976.

The program will emphasize primarily the screening of high risk women, particularly in the low income or indigent populations. Experience has shown that the poor and near-poor are less likely to see a physician until they become ill. This hinders early detection.

Nationally, almost 9,000 women die of cervical cancer and about 46,000 new cases are identified annually. In Arizona, an estimated 50 women will have died of cancer of the uterus during 1974, and 350 new cases of invasive cancer of the uterus will have been identified.

Teresa Kay Mullin . . .



girl with an indomitable streak

Teresa Kay Mullin, a young 'graduate' of Arizona Children's Hospital has her eye on life's brass ring. A lot of people think she'll make it, too.

For most of her life Teresa Kay Mullin has had to live with a variety of health problems. To Teresa Kay, living with her problems has to mean more than merely to exist. Somewhere behind the pretty face of Teresa Kay Mullin is a stubborn, indomitable streak.

The staff of the Arizona Children's Hospital in Tempe first met Teresa when she was taken there at age nine, because of a defect in bone formation about her knees. Surgery brought a definite improvement. She also had surgery on her ankles.

Barely a year after her knee operation, another problem surfaced. Teresa began to have trouble with the vision in her left eye. The staff at Children's Hospital diagnosed the condition as toxoplasmosis retinitis, and she was put on drug therapy. She made good progress, and her vision improved.

But while still on the drugs,

another problem surfaced. One afternoon Teresa complained of a headache and stomach pains. By the next day her condition had worsened, and the family rushed her to Children's Hospital. There she was found to be in shock brought on by the very drugs that were saving her eyesight. She was also suffering from shigella, a bacterial organism that can cause severe enteritis.

The Hospital staff reversed Teresa's shock state within a few hours. Within a week she was able to go home.

HOME to the Mullins is a modest well-kept house at 3001 West Turney in Phoenix. The Mullins have four other children: Mike, 21; Pam, 20; Gary, 17; and Cindy, 7.

The family is close-knit. The children show their concern for each other in little ways. When we asked permission to photograph Teresa Kay, Pam produced a comb and, without a word, took her sister

aside and carefully combed her hair.

"Do your brothers and sisters spoil you?" we asked Teresa Kay.

"Just a smidgin," she grinned.

"Their father and I both work," Mrs. Mullin explained. "Until we get home, the older kids just take over."

Actually, 'just a smidgin' is about all the spoiling Teresa Kay receives. Each day she gets up, dresses herself, makes her own bed, has breakfast, prepares her own lunch, and goes to school. At school she does a fair amount of learning, takes an interest in school activities, and even takes a limited part in the physical education program.

For the typical teenager that's a pretty average day. For Teresa Kay, each activity represents a hard-won victory against the kinds of odds that few young people have to face.

Teresa Kay is not entirely home free, but she doesn't view herself as handicapped, either. She walks to and from school with the aid of her crutches. She uses the crutches when she must stand for long periods, too, as when she helps with the grocery shopping.

"Do you really take gym class?" we asked. "What do you do?"

"Mostly just watch," she grinned.

"Sometimes she plays kick-ball

for a few minutes," her mother said proudly. "The kids—her classmates—they're just great!"

During Teresa Kay's lifetime the family has lived in several other states. Comparison with the crippled children's programs in those other states puts Arizona's program at the top.

"They have everything there," Mr. Mullin explains.

"It's not just that," Mrs. Mullin adds. "Night or day, they're there when you need them. The time we rushed Teresa there for shock Doctor Gregg was right there. She was waiting for us in the lobby."

Teresa Kay's health problems add up to the kind of catastrophic illness that could bankrupt the average working family. Doctor Warren Colton, the Hospital's executive medical director and also head of all children's health services, explains that the young patients' families are charged according to ability to pay. Thanks to a good health insurance policy, the Mullins have been able to pay 80 percent of Teresa Kay's medical costs.

"It's a pretty fair system," Mr. Mullin concludes. "It helps the in-between families—the not-rich, the not-poor."

WHAT DOES Teresa Kay Mullin want to do with her life?

"I don't know," she said honestly.
"It's a pretty big world out there."

The little girl turned and stared out the window, at a tiny piece of the big world. It was one of those rare days for Phoenix—rainy, with occasional gusts of wind. Teresa Kay looked out at the scene through the rain-streaked window and then, as if throwing down the gauntlet to the wind and the rain and to all of life's impediments:

"One thing, I'm not going to just sit around all my life," she said suddenly. "There's lots of things to do, you know? I'm going to *do* some of them!"

ULTIMATELY, Teresa's story comes across most poignantly through brief kaleidoscopic glimpses of the people in her life:

The members of her family,

who spoil her just a smidgin, help her when she needs help, but mostly let her help herself and *be* herself.

The kids at school—classmates who can always find one more spot for a kick-ball player on crutches. They don't even see the crutches.

The noted lady physician standing in the lobby of Arizona Children's Hospital, waiting like an anxious mother for her patient to arrive, her staff close by and ready to begin the job of saving a little girl's life.

Finally and most important, Teresa Kay Mullin herself, a dauntless young lady who stubbornly persists in trying for life's brass ring.

Sam F. Ciulla

film library does brisk business

During 1973 the Department's health education film library booked 7,900 film showings, reaching an estimated 640,000 Arizonans.

The films are requested by the schools and universities, hospitals and other health facilities, professional and civic groups, and other organizations.

The film library includes about 900 films, audio-visual equipment, and numerous health-related publications.

people

"In reviewing the causes of death, one becomes conscious of the great loss to the state from diseases upon which some impact could be made by preventive programs. Many problems arise from the failure to actively educate our population of all ages and motivate them to take advantage of the knowledge they have gained."

*—Louis C. Kossuth, M.D.
Former State Health Commissioner*

and programs

aging

and

chronically ill

The big, rambling house with all its nooks and crannies has all but disappeared from the American scene. For all its advantages, the modern home or apartment often isn't big enough to accommodate Grandpa and Grandma along with the rest of the family. This in many cases has compounded the chain of health, social, recreational and other problems that beset the aging and the aged.



CHAIN OF PROBLEMS

The aging today face problems so interrelated as to form a self-perpetuating chain. The links include low income, often inadequate housing, poor health made worse by poor nutrition, lack of social and recreational opportunities, and perhaps the most destructive human condition of all—loneliness.

Chronic disease afflicts the aged and the aging more often than it does younger age groups. But environmental and other manmade problems and other hazards to health have increased the incidence of chronic ailments among the population generally.

FACILITIES

In Arizona, the older age groups suffer from an uneven distribution of the health facilities they need more often than the

rest of us do. Most of the nursing, personal care and extended care homes are located in the Tucson and Phoenix areas of the state. While these two counties make up three-fourths of the state's population, the statistic gives no comfort to those who live in areas short of such facilities and services.

IMPACT OF RISING COSTS

The rising cost of nursing and personal care is having an impact of present patterns of development of these types of institutions. Caught in the price squeeze, a good number of personal care homes have converted to boarding homes, which need not give the more costly kind of care that the aging and chronically ill require.

One solution of the problem is to develop alternatives to institutional care. Several examples of such efforts are described in the pages that follow.

home health programs cut need for more costly care

Arizona now has 12 licensed home health agencies located in 7 Arizona counties, and the Department's bureau of nursing services is continuing its long term program to help establish such agencies in the remaining counties. This would make home health care available to Medicare and Medicaid patients throughout Arizona.

A home health agency must provide skilled nursing service and at least one other service: physical, speech or occupational therapy; the services of a medical social worker or of a home health aide.

"The thing is, people here were brought up in an age when you shook a man's hand and made a friend or blew his head off right there. They don't understand the impersonal age of the computer. No, I can't turn anyone away from my office door."

*—Pearl Carroll
Former Superintendent
Pioneers' Home*

transfer to health agency adds to available services at Arizona Pioneer's Home

The transfer of Arizona Pioneers' Home in Prescott to the new State Department of Health Services has greatly expanded the number of consultant health, administrative, fiscal, legal and construction-related services available to that facility. The state-owned-and-operated facility provides personal and nursing care. As a resident grows older, he receives added care as needed. The average resident population is 147; the average age is 83.

facilities plans will emphasize alternatives to institutional care

The present Plan for Construction and Modernization of Health Care Facilities is scheduled for a more total overhaul by June 1975. Future plans will stress alternatives to traditional facilities to provide more effective and economical health services. Such alternatives include greater use of outpatient treatment centers, visiting nurses, home health services and other approaches.



program aims at improving care of geriatric patients

The Department's bureau of nursing services has launched a project to produce specially educated geriatric nurse practitioners. Staff members are working with an advisory committee that includes representatives of the medical and other professional societies, educational institutions, nursing homes, home health agencies and others.

Geriatric nurse practitioners would assist the aged at home, in nursing homes, in urban or rural areas, and in any other care setting. They would help bring together the health, social and other services the aging person may need.

One of the first steps in the project is to review the educational resources available to areas of the state where the program might be implemented.

children and youth

"The health care each child receives today will help determine the kind of citizen he will be. This makes personal health everybody's business."

—Warren Colton, M.D.



CHILD POPULATION

About 794,400 Arizonans—nearly two of every five—are young people age 19 or under. Nearly 180,000 are pre-school children. In virtually every respect, this population group will have the greatest impact on the future shape of the Arizona community, and health will be a major influence.

PROGRESS, PROBLEMS

The health of Arizona's children has improved in a number of measurable ways, but too many have both real and potential health problems that still go unattended or receive inadequate attention.

The most visible victims are the children of the poor, including the minorities. Less visible but just as real are the 'hidden poor' of the middle class who cannot pay for all of the health care they need, who often pass up preventive care, or who simply do not know how to use their food and other health dollars wisely.

INFANT SURVIVAL

But progress in child health is just as real. In less than a decade, Arizona's public-private voluntary health community has brought us from 40th among the states to 3rd in the prevention of mortality among newborns. Our mortality ranking for all infants under 12 months has improved to about 10th among the states.

The newborn Transport and Intensive Care Program has



Helen de la Torre and son Donny chat with Nancy Chaplain, receptionist at the admissions desk in the Crippled Children's Hospital, Tempe.

SERVICES FOR CRIPPLED CHILDREN

helped bring such progress. Also, several developments have helped our services to crippled children. Arizona Children's Hospital has been transferred to the modern facility in Tempe which formerly served tuberculosis patients. New and expanded services have been developed, crippled children's services have been unified with other child and maternal programs, and casefinding activities have been made more effective.

Meanwhile, child health and maternity clinic services have been improving and expanding in areas throughout the state.



mobile unit helps reduce dental cavities 40 percent among Eloy school children

A year after the Department of Health Services mobile dental unit came to the City of Eloy, 40 percent fewer of the children seen there by the unit were in need of immediate dental treatment, while their oral hygiene

condition had improved by 15 percent.

The trailer provides dental services primarily to lowincome children and educational services to selected children in relatively isolated communities. During its first year of operation it provided oral hygiene instruction to 1,605 school children in Eloy, Nogales and Flagstaff. About 800 of the children received 7,682 treatment services.

local agencies extend role of nurses on health care team

Local health departments have begun to expand the role of professional nurses on their health care teams or as independent practitioners employed by the health agencies.

MARICOPA

The Maricopa County Department of Health Services has employed two pediatric nurse associates to work in the agency's child health program.

YUMA

The Yuma County Health Department has added a family nurse practitioner to its staff to work with a mobile clinic unit in providing services to outlying areas.

MOHAVE In Mohave County, the public health agency has added a family nurse practitioner to serve in the Dolan Springs area, which has been without any medical service.

SANTA CRUZ In Santa Cruz County, the health department has added a bi-lingual family nurse practitioner to its staff to act as nursing supervisor and as clinician in family planning, well child and adult clinics.

program finds 11 cases of sickle cell anemia

Laboratory testing for sickle cell anemia has uncovered the condition in nine children and two young adults. Of 4,400 high-risk individuals tested, positive results—primarily carriers of the trait—were found in 515 persons.

The Department conducted an education program prior to testing. Genetic counseling has been offered at nine locations in the state.

poor nutrition exists among not-so-poor, too

Two recent studies point up both the similarities and the differences in the nutritional problems that afflict low and middle income families.

The state nutrition delivery system has screened 9,000 low-income persons for nutritional problems. Another study, made by the Arizona Heart Association with Life Underwriters Insurance Association, made a similar study among middle-income families.

The greatest difference was revealed in the incidence of obesity. As high as 30-40 percent of the middle income group were obese. Only 17 percent of the low income group were obese.

Elevated serum cholesterol levels were found to exist among 61 percent of the low income persons. Among the middle income group the percentage was a bit more than 50 percent.

Both groups were found to have about equal numbers of cardiovascular disease risk factors: 28 percent among the low income group; 30 percent among the middle income people.

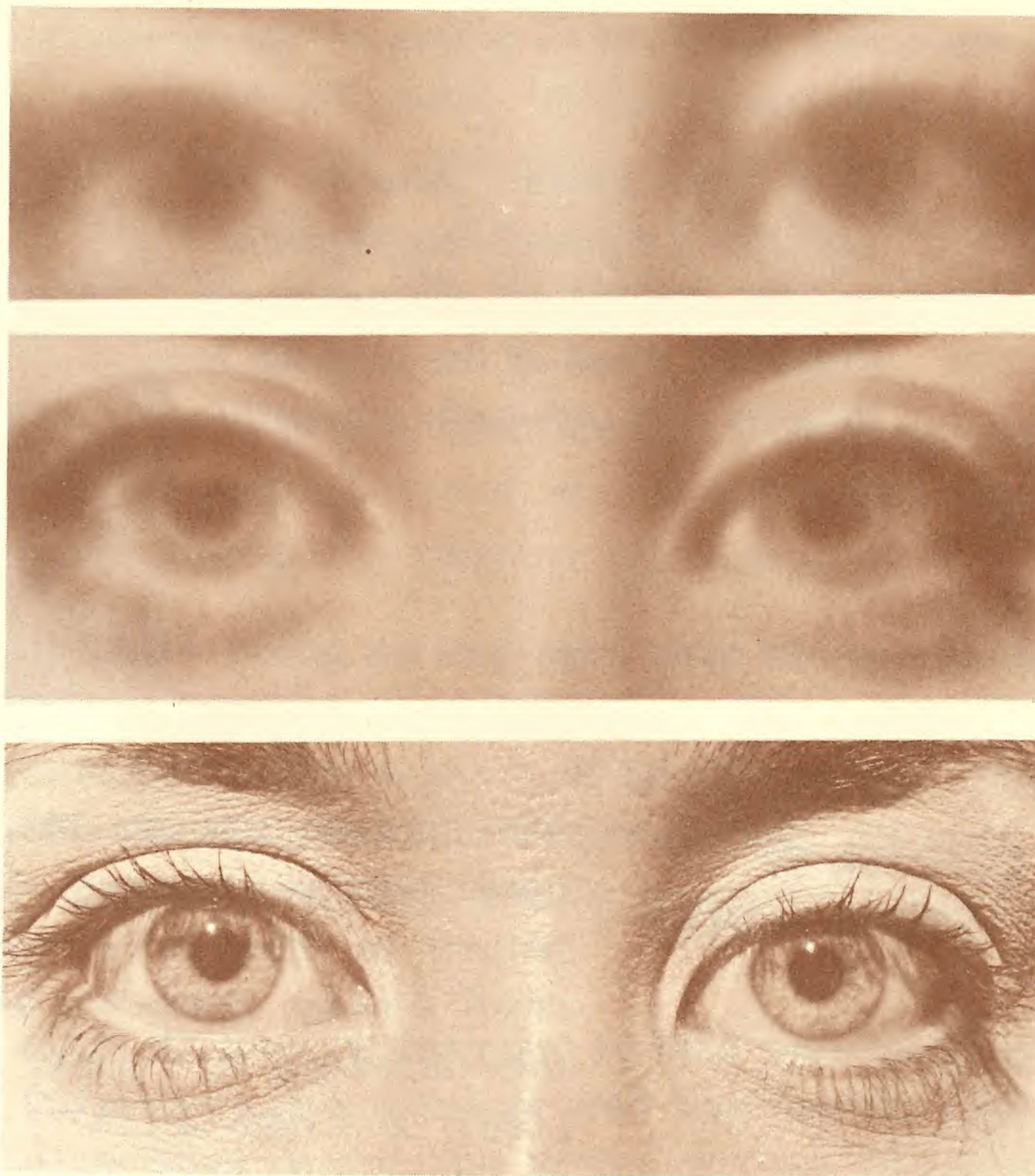
school children get vision, hearing tests

Nearly 300,000 school children were tested for vision problems during 1973. About 19,000 were found to have potential problems, and were referred for further diagnosis and care.

School nurses and volunteers trained by this Department's vision program consultant carried out the screening programs. From 80 to 85 of the children were found to have a problem requiring treatment.

Slightly more than 300,000 school children were screened for hearing defects, and about 5,000 of these were referred for evaluation and treatment. School nurses and volunteers worked with five professionals employed by the Department to carry out the hearing program.

NOTE: Additional information on programs for children and youth appears in the Highlights of this report.



family planning available in many local communities

During 1973, more than 40,000 women attended family planning clinics sponsored by local health departments. The clinics are located in more than 50 areas in the state.

In addition to visits to the clinics, 10,000 patients were served by nursing visits.

The Department's bureau of maternal and child health provided grant funds and other assistance to the local clinics.

communicable disease

Over the years, Arizona has developed a coordinated approach to the control of communicable disease. Much of the program is directly and indirectly preventive.



CONTROL BY IMMUNIZATION

Immunization has provided a major control over certain communicable diseases. Community-wide programs have helped to drastically reduce diseases responsible for much illness, disability and death. Our state has used the technique to combat poliomyelitis (1962), measles (1967) and rubella (1971).

Such all-out campaigns are effective to immunize large numbers of persons within a short time. But they are crises oriented and they tend to disrupt other public health efforts.

DELIVERY SYSTEM

To assure continuing success, Arizona has been developing an immunization delivery system to protect most or all susceptibles as early in life as possible. The immunization team includes the state and local health agencies, the schools and the private physicians who both help the public efforts and immunize hundreds of thousands of children in their own offices as well.

SCHOOL LAW

The prime targets include infants, and school children not immunized during the preschool years. The 1972 School Immunization Law has helped to improve this delivery system.

DISEASE SURVEILLANCE

Another aspect to the control of communicable disease has been development of an effective surveillance system to detect the presence of the diseases, and to locate pockets of susceptibility. Recent improvements in the reporting of diseases has made the surveillance system more effective. Other approaches include the monitoring of school and industrial absenteeism and of hospital outpatient attendance. The laboratory has become a more effective resource with the computerizing of laboratory findings.

ENVIRONMENTAL CONTROL

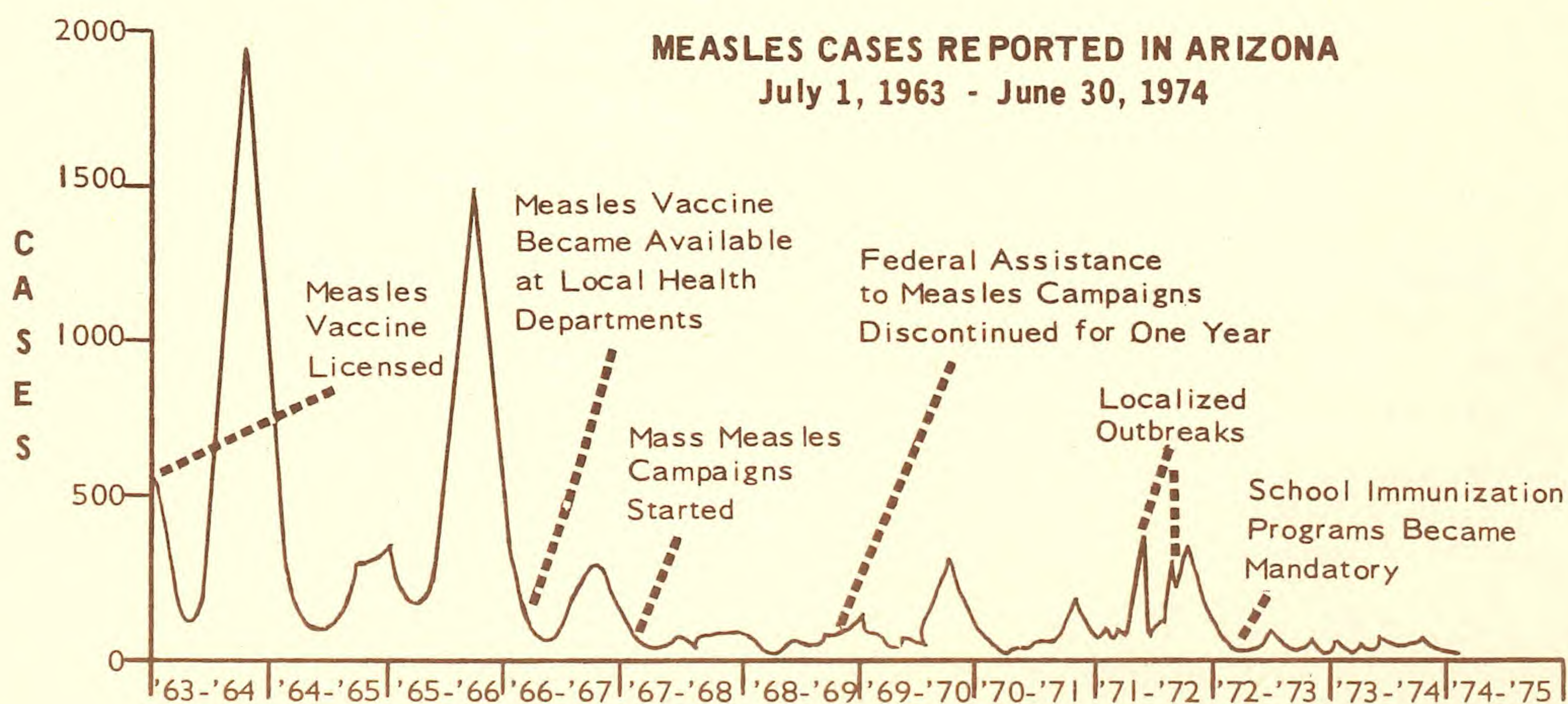
Communicable diseases are also controlled by protection of our water supplies, human waste disposal, animal and vector control and other activities described elsewhere in this report.

PROPHYLAXIS

The use of prophylaxis among persons who have been in contact with communicable disease also provides effective control. Medications now available and in use have brought a major change in the control of tuberculosis. This development, as well as improved outpatient services, has greatly reduced the need for hospitalization.

EDUCATION

Health education in Arizona is designed to help individuals and families to be the primary caretakers of their own health. Health education activities have contributed to the success of immunization drives.



DRAMATIC CHANGE — This graph, developed by the Department's bureau of communicable disease control, demonstrates the impact of a well-run immunization campaign on a community health problem.

BETTER REPORTING

physicians, nurses help pinpoint disease sources

A revamped disease detection system is enabling health workers to pinpoint disease sources sooner. This makes it possible to attack the health problem during the early stages.

Private physicians have been playing a major role in making the new system work. Prior to 1973 they were asked to report only cases of tuberculosis and syphilis among their patients. But since January 1973 the physicians have been reporting cases of 26 communicable diseases.



The revamped detection system includes other sources of information as well. These include nurses who work in the schools and in the county health departments. This has already brought results through the effective detection of problem situations, and followup action to correct them.

For example, a cluster of four suspected cases of measles was reported by one of the school nurses. Investigation revealed that the kindergarten children were poorly immunized. An immunization program was set up, and susceptibility among this group was reduced.

park service uses Arizona's river expedition guide

In 1972 more than 14,000 people experienced the thrill of going down the Colorado River on motorized rafts. Also in 1972, the passengers and crew of several such expeditions—115 people—came down with shigellosis. The Department's bureau of communicable disease control studied conditions along the river, and then took the lead in producing a disease control manual

to prevent future outbreaks. The bureau also produced a supplementary packaged training course in the techniques of proper food handling, water purification, and human waste disposal. The manual has been adopted by the National Park Service, which has been using the guidelines among river expeditions in other states as well.

tuberculosis fighters zero in on high risk population groups

As the Arizona tuberculosis case rate continues to drop, state and local health workers are concentrating their casefinding and prevention efforts among groups of people known to be high risks for developing the disease. The groups include those recently infected, previously untreated patients, those in danger of infection because of exposure, and groups who live in areas where the disease is most likely to occur: border counties, Indian reservations and areas of high population density.

The selective approach is working. In 1973 screening yielded a higher percentage of infected people, probably because the screening was more selective, and the screening populations were smaller. The percentage of individuals completing preventive treatment has increased during the last five years but especially during 1973.

The early detection of tuberculosis cases, and improvement in the ability to keep patients on therapy through outpatient supervision have brought a 59.6 percent drop in the death rate over the past five years.



state campaign underway to improve private labs

Last year the State Laboratory approved 18 private laboratories to provide services in 24 laboratory specialties they had not previously provided. The Laboratory program is aimed at upgrading the operations and standards of performance of each hospital, independent and public health laboratory in the state.

VD tops communicable disease list

During 1973-74 nearly five times as many cases of syphilis and gonorrhea were reported to the State Department of Health Services than all other communicable diseases combined. Gonorrhea in particular has reached epidemic proportions. By 1973-74, reported cases had increased by 42 percent from 1970.

During 1973-74, a team of 16 skilled investigators interviewed 3,540 persons reported to have gonorrhea. As a result, 1,228 new cases were treated. Also, 519 persons reported to have infectious syphilis were interviewed, resulting in the treatment of 163 cases.

The venereal disease program also employed health education to provide more than 15,000 school children information about the diseases.

new screening approach helps detect gonorrhea

Development of a gonorrhea culture screening program for use by health facilities is helping find previously undetected cases of the disease. The program helps meet a serious problem in that most females do not evidence symptoms

of gonorrhea until they have been infected for many weeks or even months. This provides time to infect others, and to develop serious complications before the disease is detected.

During 1973-74, a total of 115,358 women were examined through the screening program. Of these, 3,805 were found to have previously undetected gonorrhea, 3.3 percent of the total number examined.



Two unidentified Phoenix youths look over the venereal disease display during the second annual St. Luke's Service League's 1974 Health Fair, held to assist the public in the prevention and detection of disease by increasing public awareness of health facilities available to them.

emergency medical services

Arizona has made some impressive beginnings toward the development of effective emergency medical services. Some of our innovations have won nationwide attention.

EMS DIVISION ESTABLISHED

In 1972 the Legislature created a Division of Emergency Medical Services within the State Department of Public Safety to coordinate and direct a statewide emergency system.

PARAMEDIC PROGRAM

In 1974 the state lawmakers enacted House Bill 2003 to establish a state emergency paramedic program to be administered by the State Department of Health Services. The bill calls for instruction and training of emergency paramedics by certain health care institutions, and specified local participation.

AMES PROJECT: FIRST IN NATION

A good share of the know-how needed for such programs had been obtained through Arizona's one-year pilot project AMES. The Air Medical Evacuation System employed two helicopters to evacuate victims of highway and other accidents. Arizona's AMES was the first in the nation, and provided a proven guide for the emergency medical legislation that followed.

NEWBORN TRANSPORT

Another program, the Newborn Transport and Intensive Care Program has saved more than 1,100 infants and reduced disability among the survivors. The program has won national attention.

Despite such progress, in Arizona the job of providing adequate emergency medical services is not yet finished. Too many of our people are still dying of heart attacks they could be helped to survive. Too many accident victims are still disabled from injuries whose impact could be minimized by prompt, expert emergency care. And too many accidents—at work, in the home, on the highways—need not happen at all.

paramedic program can save more heart attack victims

Arizona's emergency paramedic program should save lives and reduce the impact of disabilities caused by accidents and other emergency situations. The most frequent estimate is that if you improve the capability of emergency medical technicians, deaths due to some causes could be reduced by 20 percent.

Where effective paramedic programs have been put in effect there have been marked reductions in immediate deaths due to heart attacks.

The Arizona Department of Health Services has taken the first steps to establish the paramedic program created by the Arizona Legislature through House Bill 2001. The Department will present to the lawmakers a plan that outlines the utilization of paramedics in a statewide emergency medical services system. Two pilot projects have been helping to evaluate the effectiveness of a good paramedic program.



heart disease has major economic impact

Cardiovascular disease in Arizona costs millions of man-days of productivity each year. Together with medical costs, the loss is estimated in excess of \$111.4 million annually.

When the heart victim is also the family breadwinner, the economic impact of the illness is compounded. In 1973 lost wages due to cardiovascular diseases totaled \$41.7 million.

most Arizona hospitals have emergency units

Emergency departments have been developed in 73 of 90 hospitals licensed in Arizona. The units vary in degree of emergency capability.

The major population centers have adequate facilities for providing acute care. More than half of Arizona's hospitals are located in Maricopa and Pima Counties, the majority in metropolitan Phoenix and Tucson.

The distribution of hospital-based facilities in areas outside those two population centers is inadequate for convenient access to emergency services.

In Arizona, 24 hospitals have designated coronary care units.

ten areas lack adequate ground ambulance service

Ten areas of the state have been determined to be without adequate emergency ambulance service. The areas run along major highways connecting Arizona cities. Examples: between Kingman and Flagstaff, between Wickenburg and Kingman, between Yuma and Parker. In general, central and southeastern Arizona are provided with coverage ranging from adequate to excessive.

To fill the gaps in service, the Department of Public Safety uses two helicopters for transporting emergency medical patients. The helicopters may be stationed strategically around the state, and are capable of rescues in the most isolated areas of Arizona.



the

environment

"In our campaign to protect our environment, what are the acceptable trade-offs? How much of our way of life are we willing to change to preserve the world around us? We still don't have all the answers, but we've at least begun to face up to the questions."

—James D. Goff, P.E.

WARNINGS IGNORED

For decades environmentalists had warned of growing hazards to the air, water, soil and to the plants and animals important to man as food or as essential links in the ecological chain. These warnings had gone mostly ignored.

PUBLIC OUTCRY

But more recently, almost overnight there has developed a widespread concern for our environment. The resultant outcry has brought another problem: public demand for instant solutions. And much of the outcry has focused on visible effects rather than the basic causes of pollu-

tion and other hazards to the environment. Here in Arizona we've run the full gamut of fear, anger and frustration, perhaps because in Arizona there is



**MORE EMPHASIS
ON PROBLEMS
OF ENVIRONMENT**

more to lose, more to preserve in the way of a healthful environment.

We must place more emphasis on environmental problems than we have in the past. Even so, we are already engaged in a number of activities designed to protect the world around us. The most visible and publicized of these efforts has been in the area of air pollution control. But as the following brief descriptions will indicate, we've been conducting perhaps less dramatic campaigns to protect our clean waters; and to protect our people against diseases or poisonous substances transmitted through contaminated food, bedding and other products, and disease-carrying insects.

CLEAN AIR SCORE CARD:

some good beginnings, but more work ahead



Members of a visible emissions exhaust class, held by the Department of Health Services, attempt to judge the opacity of the smoke being emitted by a smoke generator. Upon graduation, these representatives from state and local government, mining and public utilities will be qualified as emissions observers reporting to the bureau of Air Quality Control, Division of Environmental Health Services.

A cement plant in Clarkdale has become the first major source of air pollution to be in compliance with state standards, and a cement plant in Rillito has been showing improvement.

At the same time, Kennecott Copper Company became the first Arizona-based copper smelter to receive a full operating permit. There has been some progress, too, in reducing pollution from auto emissions.

But other reports do not justify complacency in Arizona's drive

for clean air. Six copper smelters in the state are operating with conditional permits only, indicating they have not yet reached full compliance with regulations. Carbon monoxide levels exceed federal requirements in the metropolitan areas of Phoenix, where there is the greatest concentration of automobiles. And particulate air quality levels proposed by the Environmental Protection Agency may not be uniformly attainable in Arizona because of the state's vast desert area.

air monitoring network keeps eye on pollution

The Department's bureau of air pollution control keeps an eye on pollution levels in 12 of the state's 14 counties through an extensive network of air pollution monitoring instruments located at strategic points throughout the state. In Maricopa and Pima Counties, the local health departments maintain effective monitoring networks of their own.

Current monitoring indicates a general improvement in air quality in the vicinities of the copper smelters during the past several years.



growth may make Phoenix air pollution area by 1985

Arizona will meet national air quality standards by 1977, and the state's air quality will continue to improve through the late 1970s and early 1980s. But by 1985, a recent study indicates, growth in the Phoenix area may offset the predicted gains. The same analyses, made in the Tucson area, indicate no projected problems in that area during the next decade.

Based on the survey, the Phoenix area has been designated an Air Quality Maintenance Area (AQMA), a designation indicating an area of potential air pollution problems. The two pollutants concerned are carbon monoxide and photochemical oxidants (smog). The motor car is a source of both pollutants.

Arizona has standby plan for air pollution crises

Despite existing control strategies, there may still be periods of high air pollution associated with regional or local atmospheric stagnation. The danger from such emergency episodes is particularly great prior to 1977, when the state's plan for air pollution control will be in full effect.

The contingency plan for dealing with emergency air pollution episodes includes procedures to prevent ambient pollutant concentrations from reaching levels harmful to humans. The plan's four stages of action include forecast, alert, warning, and emergency. All major pollution sources in the state have prearranged emergency reduction plans for each stage.

The system has been needed only once, January 13, 1974 because of a stagnant high pressure air mass over the Four Corners area. No increase in air pollution took place, and the precautions were ended several days later.

Hamilton Systems to operate auto emissions inspections

Hamilton Test Systems has been selected to install and operate Arizona's mandatory auto emissions inspection program. The firm, an Arizona company and subsidiary of United Aircraft Corporation, will recruit and train employees locally, thereby providing job opportunities for several hundred Arizonans.

The company will set up and

operate a number of emission inspection stations in the metropolitan areas of Phoenix and Tucson, in close cooperation with the Department's vehicular emissions bureau and the Arizona Motor Vehicle Division. House Bill 2319, the enabling legislation, requires that all vehicles in Maricopa and Pima Counties pass an emissions test as a requirement for annual registration.

state waters program upgraded



A major current effort in the area of water quality control is development of a more comprehensive surface waters monitoring program. In a related activity, to improve more of the wastewater treatment facilities, the Department's bureau of water quality control is developing priorities for funds for the construction of such facilities.

Department staff have been reviewing plans for such construction, inspecting existing facilities, and training and certifying the people who operate the facilities.

advisory group begins drive to conserve energy in the home

While most environmentalists zero in on industrial and related energy problems, a group organized last March is helping homemakers use energy efficiently in the kitchen and throughout the home.

The group is called the W.I.S.E. Council (Women Involved in Saving Energy), and includes 26 women active in business, industry, government and educational fields.

The Council is an advisory committee to the Arizona Department of Health Services, and has established working relations with the Governor's Fuel and Energy Office.

The educational approaches adopted by the group include seminars in shopping centers, use of the press to respond to readers' questions on energy, and other activities.

"In mental health the job is to get the services to the people who need them. All of our policies, programs and activities must be tailored to make it happen."

—Willis Bower, M.D.



Staff members of the Verde Treatment Division, Arizona State Hospital, led by mental health technician Mike McGowan, center, simulate a group therapy session.

the mentally ill and

STATE HOSPITALS: SOME INNOVATIONS

In recent years several developments have brought more hope to the victims of mental illness and related disorders. One has been more innovative management and intensified treatment in the state hospitals. This has brought a dramatic drop in state hospital patient populations.

COMMUNITY MENTAL HEALTH PROGRAMS

Another significant development has been creation of the present system of community mental health programs. In Arizona, there has been particularly impressive progress in the establishment of such local services.

SERVICES ARE UNIFIED

An even more recent development—establishment of this Department by the Legislature—has made possible a much needed coordination and central leadership. Within the Department's Division of Behavioral Health Services, the state-level mental health and addictive behavior programs have been combined with the Arizona State Hospital.

victims of addictive behavior

DRUG ABUSE PROGRAMS

There has been more recent but equally impressive progress in the development of those activities designed to combat alcohol and drug abuse. In fiscal 1972, 11 programs were under contract with this Department to provide community-based drug abuse treatment and prevention services. By July 1974 the number of such agreements had increased to 43.

ALCOHOLISM PROGRAMS

The Department has also helped establish and improve programs to combat alcoholism. Perhaps the most impressive progress has been in the establishment of Local Alcoholic Reception Centers (LARC)s in response to Senate Bill 1107. Although the law did not go fully in effect until January 1974, the number of LARC programs increased from 5 to 11 from July 1973 to June 1974. The number of people helped increased from 8,700 to 20,800.

The Division of Behavioral Health Services has also been engaged in related projects which include development of a data reporting system, in-service training, prevention-related activities and other projects to improve services to patients.

"It was called occupational therapy. Rag rugs . . . Oh God, did we have rag rugs, and pot holders, and wood agonized into shapes, to be put in windows and bought by the public so that the money could buy more rags for rugs. It was an awful exercise in horrible futility with no involvement with the patients. That self-deception permeated from the end of the 19th century 'til the mid-30s when we got the first glimmer of a sunrise."

*—William F. Sheeley, M.D., former Superintendent
Arizona State Hospital*

department is taking steps to protect patients' rights

The Department's Division of Behavioral Health Services has developed rules and regulations for the guidance of mental health agencies in the protection of the rights of individuals who are or may be mentally ill.

The standards are designed to carry out state legislation which modernizes the process of commitment of mentally ill persons. The law also promotes the care and treatment of such persons in facilities located in their own communities.

state hospital accredited

Arizona State Hospital has been reaccredited for a two-year period by the Joint Commission on Accreditation of Hospitals. The facility has won such approval consistently since 1968.

To meet future accreditation requirements, the physical structures of the state facility will have to be improved, the Joint Commission advised.

hospital team monitors boarding home patients

For the past decade, the Arizona State Hospital has followed the national trend toward placing patients in boarding homes, when feasible, as an alternative to maintaining them in the hospital itself. When the patient's condition makes it possible, placing him in a boarding home is preferable to keeping him in a large custodial ward.

community programs reduce need for care at state hospital

In 1967 the patient population at Arizona State Hospital was 1,100. Earlier this year the population was down 41 percent to about 650 patients.

The change is attributed to innovative management and intensified treatment at the Hospital, and to the development of community mental health centers and clinics through the state.

In 1965 no mental health services existed within the borders of six Arizona counties. At the end of 1969 every county had established some mental health services, and existing services were being improved. There has been further progress since then. During the past year, local mental health services have been started in Kearny, Ajo and Apache Junction.

"Sure, I know I'm not completely cured—I'll be an outpatient for a while yet," the man said. "The thing is, I didn't have to go away somewhere. Three weeks in a hospital, right here in town, then home to Sally and the kids. I'm back on the job, too, paying my own way again."

The speaker, a draftsman in an industrial plant, had been the victim of a mental breakdown. The fact that he could talk about it was itself a sign of progress.

"I was afraid to go back to work," he confided. "Afraid how folks would act. Well, they acted fine. Sure, one or two people were a bit too kind, you know? That's human nature. Mostly, I was treated like any other guy who's had to do a stint in a hospital." He paused, and suddenly he smiled. "I guess I'm a pretty lucky guy!"

*—From an article
by Robert Lofgren, A.C.S.W.*

drug misuse exists in all Arizona population groups

The misuse of legal drugs and drug abuse involving the illegal drugs goes on in varying degrees among all population groups in Arizona. A study by this Department's drug abuse program indicates that of 102,000 persons taking legal drugs prescribed by a physician, an estimated 30,000—three out of ten—do not use the drugs as prescribed. And a study by one of the Department's contract agencies, Community Organization on Drug Abuse Control (CODAC) indicates Arizona is in the midst of a heroin epidemic.



Counselors from throughout Arizona discuss Bioenergetics as a counseling technique in helping drug abusers. The session was photographed during the second annual State Drug Abuse Conference at the Safari Inn in Scottsdale, sponsored by the Arizona Department of Health Services and the Drug Abuse Advisory Council.

"I could stop the drug problem in Phoenix by requiring each new subdivider to put up at least two outhouses just for the kids to kick over every night. The kids don't have anything to do but they have time. They've got the same desire to work and the same amount of energy they did a hundred years ago when they built this country."

*—Jo Ann Graham, Director
Pioneer, Arizona*

"It has been said that if alcoholism were contagious, this country would have long since been declared an epidemic area."

—Carleton Wilder

steps taken to upgrade services to alcoholics

The Department has taken initial steps aimed at eventual accreditation of local alcoholism facilities. Accreditation would assure that the facility is meeting predetermined standards of care. It would also help determine eligibility for third party payments for services.

plan boosts programs to combat drug abuse

The Department's Division of Behavioral Health Services has completed Arizona's Drug Abuse Plan. The blueprint was developed in cooperation with six councils of government and all local health planning agencies. It has been approved by the National Institute of Drug Abuse.

LARC program puts city jail out of business

The clientele fell off so sharply at the Phoenix City Jail this year that city officials have closed up shop and contracted with the County Jail for the holding of people under arrest. Reason for the sharp drop in the daily census is that Senate Bill 1107 has eliminated public drunkenness from among the list of punishable crimes.

The new law created a system of Local Alcoholism Reception Centers (LARC's) to give public inebriates more effective help than the best jail could possibly offer. LARC's provide the public inebriate with initial evaluation of his condition, detoxification, and exit services to continue care.

The Department's Behavioral Health Services staff is helping to develop new LARC programs and expand existing programs.

"If we put our modern know-how to work, then you and I may see the day when the need for residential care of our retarded will be greatly reduced. In God's world, which includes the world of medicine, such dreams have a habit of coming true."

*—George A. Spendlove, M.D.
former State Health
Commissioner*

the mentally

retarded



Paul Brewer, Ph.D., chief psychologist with the Department of Economic Security's Child Evaluation Center, Phoenix, monitors the performance of Arthur Haboian during a psychological evaluation session.

There are about 63,000 mentally retarded persons in Arizona, about 3 percent of the population.

**MOST LIVE
AND WORK
AT HOME**

About 95 percent of the retarded do not need residential care, and with varying degrees of education, training and guidance they can live and often work in their home communities.

Advances in the basic technology for teaching the retarded are enabling more of them to remain in a natural lifetime setting. This is good for both the retarded and for the taxpayers as well.

**INSTITUTIONAL
CARE: COST
IS PROHIBITIVE**

It has been estimated that the cost of lifetime care, in an institution, for just one severely retarded person today would amount to \$900,000. This includes providing basic personal needs, plus loss of productivity.

EXISTING SERVICES

There are about 35 public and private agencies and facilities providing services to the retarded. Not all of them operate exclusively for the retarded, but they do provide this group with at least one of the following types of service: diagnostic and evaluation, residential, sheltered workshops and adult activity centers, day care and pre-school facilities, and others.

About 24,000 of Arizona's 63,000 mentally retarded persons are enrolled in special education programs. An estimated 1,100 are in state-operated residential facilities in Coolidge, Tucson and Phoenix.

CHILDREN'S HOSPITAL

The Department of Health Services and the Department of Economic Security have negotiated an agreement to provide facilities and programs for approximately 60 non-ambulatory, profoundly retarded children who have additional health problems. The children are receiving care and treatment at the Children's Hospital in Tempe.

STATE HOSPITAL

There are about 130 mentally retarded persons at Arizona State Hospital. Not all of these are mentally ill. There is a need to clarify further the legislative intent regarding the role of the State Hospital in the area of mental retardation.

resource information

department



J. L. Schamadan, M.D.
Director

organization

office of the director

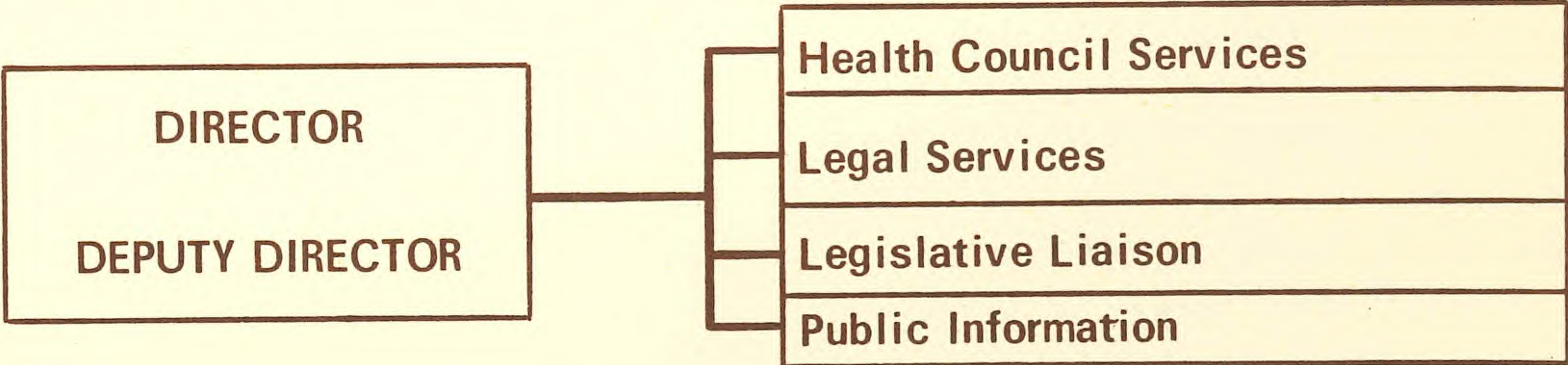
The Office of the Director provides leadership, develops health policy, establishes priorities and makes recommendations regarding the use of resources available for health services. It also maintains working relationships with the Governor, Legislature and other state government agencies.

The Office of the Director includes a Deputy Director who helps carry out those responsibilities, and who shares in the day-to-day operation of the Department.

Units within this Office include legislative liaison, legal services, public information and the secretariat to the advisory boards and councils.



William Mack
Deputy Director





Suzanne Dandoy, M.D.
Assistant Director

"Health problems are primarily local problems, and should be met to the extent possible in the local community."

—Suzanne Dandoy, M.D.

community health services

The organizational arrangement of the Division of Community Health Services follows the long-standing state policy that health problems and needs are mainly local and should be met to the extent possible in the local community. Consistent with this philosophy, the main function of this Division is to support and to promote such local efforts.

The bureau of dental health provides preventive and treatment services for selected elementary school populations throughout the state as well as educational services for interested adult and school groups on a statewide basis. In addition, the bureau provides consultative services and assistance to local agencies and institutions, including health departments, federal programs, community colleges, state universities and domiciliary agencies relating to program and curriculum development. The bureau has statutory responsibility for Department activities concerning anatomical disposition.

The bureau of nutrition services plans and implements nutrition services which are delivered through five systems—screening, referral, monitoring, aide development and food delivery, and correct nutritional problems. The bureau administers the supplemental feeding program for women, infants and children; evaluates and interprets data to complete effective program planning for nutrition services at minimum cost; and

Dental Hlth. & Anatomical Disposition
Nutrition Services
Communicable Disease Control
Health Education
Laboratory
Nursing Services
Emergency Medical Services
Arizona Pioneers' Home

provides training in nutrition to community health workers, allied health personnel, aged and group care facilities, educational institutions and the public. The bureau also works with other health providers to improve nutrition services to the people.

The bureau of health education provides services to the general public, health professionals, state and local health departments and school systems. The bureau distributes pamphlets and other educational material and plans, executes and participates in health education activities throughout Arizona. In addition, the bureau works closely with the school health program by helping establish health education curricula, by providing pamphlets, films, speakers and consultation to individual schools; and cooperating with the Department of Education, teacher associations and the universities.

The state laboratory provides diagnostic microbiology and immunology services to state and county facilities to aid in the diagnosis and treatment of acute communicable diseases. The laboratory provides environmental and diagnostic microbiology, and analytical chemical services to state and county health agencies as well as to private physicians, hospital and clinical laboratories to assist in the epidemiologic investigation of disease occurrence, and to evaluate environmental contamination. The laboratory also evaluates the operation and standard performance of each hospital, independent and public health laboratory in the state.

The bureau of nursing services provides consultation and support for other programs carried out by nurses in local health departments and home health agencies, assists with orientation and education programs for local staff nurses, evaluates needs and assists in setting priorities for nursing services.

The Arizona Pioneers' Home is a licensed health care facility providing personal and nursing care to the eligible aged and infirm residents of Arizona.

The bureau of communicable disease control develops and implements programs for the control of communicable diseases, including tuberculosis and the venereal diseases, in Arizona through consultation, financial assistance and direct personnel assistance to provide physicians, local health departments, the Indian Health Service, school districts and other interested agencies.

The bureau of emergency medical services is responsible for the development, coordination and certification of emergency paramedic training programs conducted by educational institutions and health care institutions. The bureau is also responsible for the certification and recertification of paramedic personnel who have successfully completed such training.



Warren Colton, M.D.
Assistant Director

children's health services

The Division of Children's Health Services will strengthen present efforts in this health area by combining the activities of Crippled Children's Services with the Maternal and Child Health Section of the former

Health Department. The traditional roles of the two subdivisions will continue but with increased coordination to prevent duplication of services, and to provide new services in areas of unmet needs.

Crippled Children's Services
Maternal and Child Health
Arizona Children's Hospital

Existing programs within the bureau of crippled children's services provide direct patient care to crippled children throughout the state through fixed clinics in Tucson and Phoenix and traveling clinics in peripheral communities and on Indian Reservations. Inpatient hospital services are made available at Arizona Children's Hospital in Tempe as well as in provider (private) hospitals in both Tucson and Phoenix.

Current programs in the bureau of maternal and child health provide consultation, inservice education and program development and implementation in a variety of activities to county health departments, public school districts and other agencies. Programs include: child health, family planning-maternal health, perinatal-newborn care, nutrition, dental health and mental retardation evaluation.

behavioral health services

Resource Management
Community Program Administration
Arizona State Hospital
Southern Ariz. Mental Health Center



Willis Bower, M.D.
Assistant Director

The Division of Behavioral Health Services combines the divisions of mental health, alcohol abuse of the former Arizona State Department of Health, and the Arizona State Hospital, and its extension, the Southern Arizona Mental Health Center. As the schematic diagram indicates, there are four organizational units directly responsible to the assistant director.

The first unit is the Resource Management Unit which performs support functions of management, statistical analysis, research, program development, and evaluation.

The second unit is the Arizona State Hospital which is a multi-program facility for the care and treatment of mentally ill persons who enter the hospital either voluntarily or through civil or criminal court proceedings. It provides necessary psychiatric, social, educational, and rehabilitative services for its patients.

The third unit is the Community Program Administration. This includes mental health, alcohol and drug abuse programs. The unit is responsible for the planning, development, coordination and administration of services throughout the state and use of the contract mechanism for securing the services. Included in the unit's mission is the production of a state plan for each of the three program areas. Additionally, the unit has the responsibility for developing standards for facilities and services.

The fourth unit is the Southern Arizona Mental Health Center, which is a branch of the Arizona State Hospital. This center, founded in 1962, provides comprehensive mental health services for children and adults residing in southeastern Arizona, especially Pima County. Although it does not include an inpatient unit, it does by agreement with Pima County participate in carrying out inpatient care at the Pima County Hospital.

environmental health services

Water Quality Control
Air Quality Control
Sanitation
Vehicular Emissions Control



James Goff, P.E.
Assistant Director

The Division of Environmental Health Services conducts four basic programs. These include general sanitation, water quality control, air quality control and vehicular emissions control. The Division provides assistance to county health departments upon request.

The program of the bureau of Water Quality Control is to protect the public against water-borne disease, usage of water containing toxic chemicals and substances that may be deleterious to health, and to assure the abatement and prevention of pollution of surface and groundwaters. Functions include monitoring, water quality, review of water and wastewater facility construction plans, inspection of water and wastewater facilities, water and wastewater operator training and certification, wastewater management planning, administration of the wastewater plant construction grant program, and enforcement of regulations.

The bureau of Sanitation is responsible for all environmental health services not directly associated with air pollution and water quality control. There are over twenty easily identifiable activities based on legislative mandate including solid and hazardous waste management planning; interstate carrier, bottling plant, bakery and warehouse inspection, and solid waste operator training, which are all performed with the aid of federal assistance. In addition to state-level direct services, there is a responsibility and effort to promote the efficiency and effectiveness of local environmental health programs.

The bureau of Air Quality Control conducts a statewide program to control, abate, or prevent sources of pollution. It collects and interprets air pollution data and proposes air quality and emission standards for various pollutants. Arizona's responsibilities and plans for meeting program objectives are shown in the Arizona Air Pollution Control

Implementation Plan.

Activities of the bureau of Vehicular Emissions Control are directed toward implementation of Arizona's Transportation Control strategies. To this end, the bureau is conducting engineering laboratory support necessary for establishing vehicular emissions standards. The bureau also operates vehicular emissions test stations to carry out mandatory testing of political subdivision vehicles in Maricopa and Pima Counties. The bureau further oversees the conduct of mandatory emissions testing of all registered vehicles in the two counties. Actual testing is carried out through contract operators under this state surveillance.



Gary Hulshoff, Ph.D.
Assistant Director

medical assistance

Administrative Services
Program Planning
Recipient Relations
Provider Relations
Program Operations

This is the newest major unit of the Department, and was set up primarily to plan and carry out Arizona Medicaid enacted by the 31st Legislature.

The program provides means of payment for certain kinds of health and medical services for low income persons in Arizona; and provides some arrangements for the provision and access to such services.

Delivery of services under the state program starts October 1, 1975.

Arizona Medicaid also includes protection against catastrophic illness, through the insurance approach.

The bureau of Administrative Services is responsible for budget and fiscal matters, accounting services, auditing, management analysis and reporting, personnel, staff education and training, contractual relations, administrative procedures and forms design, hearings and appeals, and publications and distribution.

The Program Planning bureau's responsibilities include provider services development, policy development regulations, reimbursement policy development, medical assistance manuals, program design and pilot projects.

The Recipient Relations bureau will handle eligibility enrollment and certification/recertification, consumer education, inquiry services, recipients' health services audits, and cost-sharing development.

Responsibilities assigned to the bureau of Provider Relations consist of provider certification, licensing, enrollments and agreements, provider education and communications, inquiry services, provider certification audit, and out-of-state providers' relations.

The bureau of Program Operations will deal with systems development, fiscal-intermediary affairs, utilization review, program evaluation, quality assurance, professional review, payment claims, agency relations, third-party liability research/statistics and prior authorization.

administration



Richard Shanks
Assistant Director

Financial Administration
Personnel Management
Facilities Administration
Management Information Systems

The Division of Administration carries out the general financial, facilities and personnel administration for the Department. It also provides a central, unified resource for the collection, analysis and processing of information needed for the management and operation of the Department. The Division contains four bureaus to carry out the divisional responsibilities.

The bureau of Financial Administration compiles and administers the Department's operating budget, administers incoming grants and outgoing subventions, performs contract auditing and establishes and monitors financial systems.

The Personnel Management bureau is responsible for Departmental personnel classification (for all but a relatively few top-level jobs), staffing, employee relations and personnel records-keeping.

Responsibilities assigned to the bureau of Facilities Administration include Departmental buildings and land planning, maintenance and improvements, construction monitoring, coordination of buildings and land budgeting matters and long-range facility planning, purchasing, and capital equipment inventory. Additionally, the bureau handles Departmental facility safety and security, and the incidental functions of mail and delivery, duplicating and stockroom maintenance.

The bureau of Management Information Systems incorporates the functions of developing, analyzing and interpreting health information and statistics for planning and management use; registration of vital records, and performing electronic data processing systems analysis and programming.

planning and resources

The Division of Planning and Resources contains a number of related activities involving manpower, facilities and economics planning, development and administration; and liaison with planning councils, boards and committees. The four bureaus have the following functions:

Health Planning
Health Facilities
Health Manpower
Health Economics

The bureau of Health Planning is responsible for comprehensive health planning, including development and maintenance of the Comprehensive Health Plan; development of facilities, manpower and health financing and economics plan policies; and maintains liaison with local planning councils, health statistics operations, and other DHS Divisions regarding implementation of the Comprehensive Health Plan and integration of program planning.

The bureau of Health Facilities develops and administers the State Facilities Plan portion of the Comprehensive Health Plan in cooperation with the planning bureau; administers the survey and construction program relating to the federal Hill-Burton project; administers the licensing and certification of health facilities; administers the certificate of need law and regulations, and maintains liaison with the Facilities Committee and the Health Planning Advisory Council.

The bureau of Health Manpower is responsible for developing and administering the Health Manpower portion of the Comprehensive Health Plan in cooperation with the planning bureau; implements and administers manpower planning and development projects, and maintains liaison with health and medical professional associations, State licensing boards, RMP and other agencies concerned with manpower planning and development, education and training; and also is responsible for the administration of relations with the National Physicians Service Corps, including the loan forgiveness plan, licensing of HCSO's and nursing home administrators (when enacted), and administration of manpower development

grants and contracts.

The bureau of Health Economics develops and maintains the health financing and economic portion of the Comprehensive Health Plan in cooperation with the planning bureau; administers health economics and cost containment studies and projects; develops and administers a program of uniform accounting procedures and reviews rate charges and audits health facilities; publishes comparative data on health financing and economics, analyzes financial impact of certificates of need, and maintains liaison with the Cost Containment and Rate Review Committee and the Health Planning Advisory Council.

At present the position of Acting Director for this Division is vacant. Deputy Director Bill Mack has been assigned to head the operation until an Assistant Director is chosen.

working with the legislature . . .

The team approach includes continuing, year-round cooperation and assistance to the Governor and Legislature on health-related matters. All Department officials routinely assist the Legislature, on request, in matters involving such activities. The Department's Legislative Liaison coordinates such assistance to the lawmakers.

The Legislative Liaison works with Department officials, helps draft proposed legislation, provides the legislative work groups with information on health programs, appears before legislative standing committees to give testimony regarding the need for and the effect of bills, and in other ways helps give direction to the Department's contribution to the legislative process. The Legislative Liaison is located in the Office of the Director.



Richard Hannan and
Asst. Tony DiCampi
(left)

. . . and with advisory groups



Mary Alice Harkins
Administrator

And to further promote wide participation in the Department's activities, Department staff provide the starting point for teams that include individuals and groups from the private and voluntary health fields, and also consumers.

Finally, the team approach gets an important helping hand from a number of advisory councils and committees and from additional task forces set up by such groups.

The Advisory Health Council is concerned with all aspects of the Department's activities, and advises both the Governor and the Health Director. The other advisory groups are concerned with specific health problems, programs and activities.

ADVISORY GROUPS

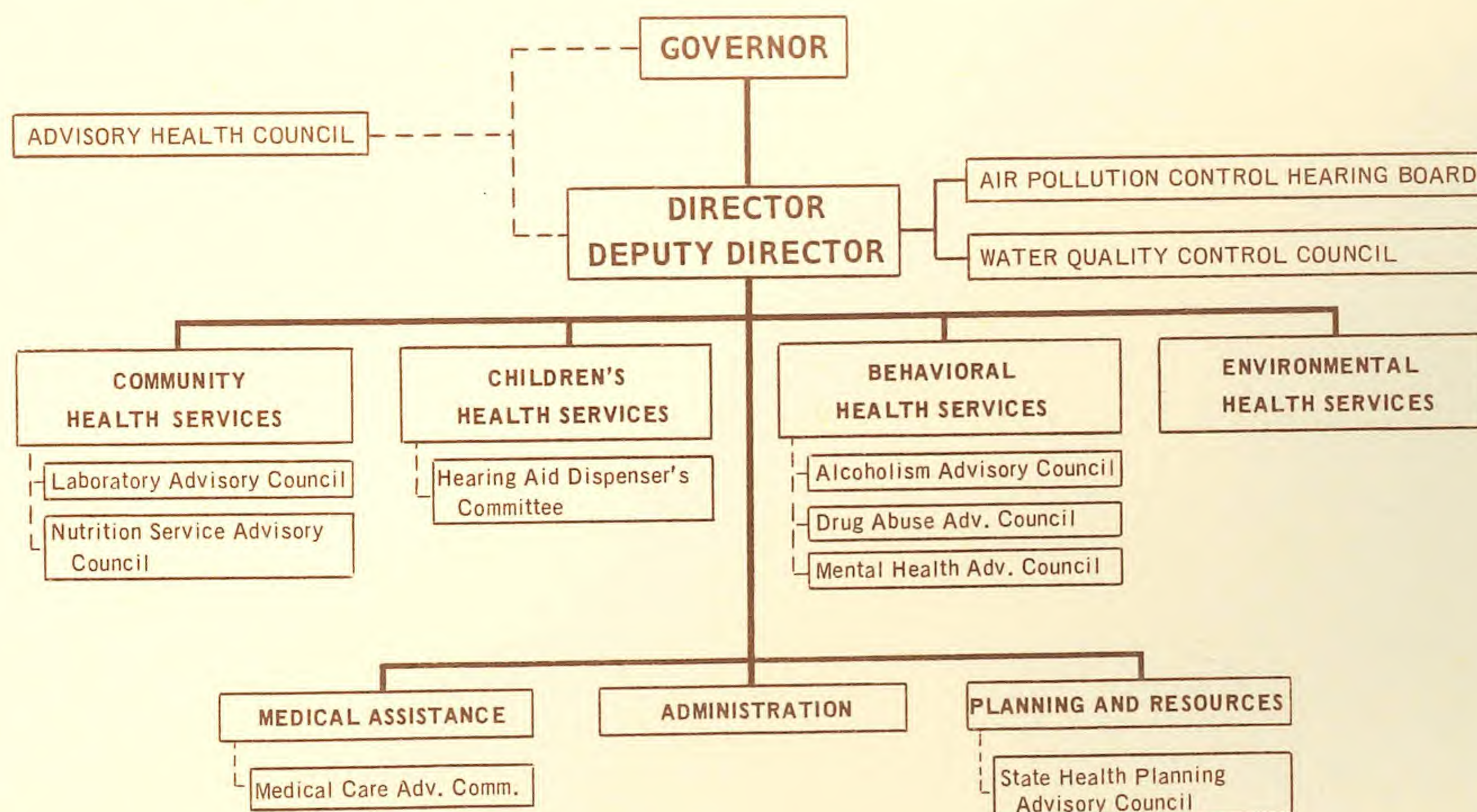
I. MANDATED BY LAW

Advisory Health Council	Ben T. Dibble, P.E., Chairman	264-6149
Health Planning Advisory Council . .	Robert L. Knox, Ph.D., Chairman	965-3531
Medical Care Advisory Committee . .	Robert L. Knox, Ph.D., Chairman	965-3531
Air Pollution Control Hearing Board .	J. August Rau, Acting Chairman	264-3652
Water Quality Control Council	Clifford C. Tabor, Chairman (Wellton, AZ) .	785-3351
Hearing Aid Dispensers Committee .	John F. Heskett, Chairman	252-2319
Mental Health Advisory Council	Nominations pending	

2. OTHER

Alcoholism Advisory Council
Drug Abuse Advisory Council
Cancer Advisory Council
Laboratory Advisory Council
Nutrition Advisory Council
Paramedics Advisory Council

HOW THEY WORK



directory

department of health services

QUICK REFERENCE: SOME KEY TELEPHONE NUMBERS

James L. Schamadan, M.D.	Director	271-3114
William Mack	Deputy Director	271-3114
Willis Bower, M.D.	Behavioral Health Services	271-4525
Sam F. Ciulla	Public Information Office	271-3207
Warren Colton, M.D.	Children's Health Services	244-9471
Suzanne Dandoy, M.D.	Community Health Services	271-4554
James Goff, P.E.	Environmental Health Services	271-4655
Richard Hannan	Legislative Liaison	271-3224
Mary Alice Harkins	Health Council Services	271-3131
Gary Hulshoff, Ph.D.	Medical Assistance (Medicaid)	271-3387
Richard Shanks	Administration	271-3187
William White	Legal Services	271-5552

Arizona Department of Health Services

FACILITIES LOCATIONS

State Health Building	1740 West Adams Street	Phoenix	85007
Environmental Southern Regional Office .	2030 East Speedway, 201	Tucson	85719
Environmental Northern Regional Office .	2103 East Cedar, Suite B	Flagstaff	86001
Vehicular Emissions Lab	600 North 40th Street	Phoenix	85008
	29th Street at Alvernon	Tucson	85711
Bedding Laboratory	1402 West Van Buren	Phoenix	85007
Arizona State Hospital	2500 East Van Buren	Phoenix	85034
Southern Arizona Mental Health Center .	1930 East Sixth Street	Tucson	85719
Arizona Pioneers' Home		Prescott	86301
State Laboratory	1716 West Adams Street	Phoenix	85007
	415 West Congress	Tucson	85701
	P.O. Box 190	Flagstaff	86001
Arizona Children's Hospital	200 North Curry Road	Tempe	85281
Crippled Children's Tucson Clinic	2916 East Broadway	Tucson	85716

Office of the Director

Director	271-3114
Deputy Director	271-3114
Health Council Services	271-3131
Legislative Liaison	271-3224
Legal Services	271-5552
Public Information	271-3207

Community Health Services

Assistant Director	271-4554
Bureau of Communicable Disease Control	271-5927
Bureau of Nutrition	271-3478
Bureau of Dental Health & Anatomical Disposition	271-5877
Bureau of Health Education	271-5365
Bureau of Nursing Services	271-5256
Arizona Pioneers' Home (Prescott)	445-2181
Bureau of Emergency Medical Services	271-5364

Children's Health Services

Children's Hospital (Tempe)	244-9471
Assistant Director	ext. 200
Bureau of Crippled Children's Services	ext. 218
Bureau of Maternal and Child Health	ext. 297

Behavioral Health Services

Assistant Director	271-4525
Resource Management	271-4525
Arizona State Hospital	244-1331
Community Program Administration	271-4525
Southern Arizona Mental Health Center (Tucson)	882-5221

Environmental Health Services

Assistant Director	271-4655
Bureau of Water Quality Control	271-5453
Bureau of Sanitation	271-4641
Bureau of Air Quality Control	271-5306
Bureau of Vehicular Emissions Control	271-5067

Medical Assistance

Assistant Director	271-3387
Administrative Services	271-3387
Program Planning	271-3388
Recipient Relations	271-3388
Provider Relations	271-3389
Program Operations	271-3389

Administration

Assistant Director	271-3187
Bureau of Financial Administration	271-5571
Bureau of Personnel Management	271-3102
Bureau of Facilities Administration	271-3327
Bureau of Management Information Systems	271-4543

Planning and Resources

Assistant Director	271-3114
Bureau of Health Planning	271-3431
Bureau of Health Facilities	271-3327
Bureau of Health Manpower	271-3400
Bureau of Health Economics	271-3209

State of Arizona
COUNTY HEALTH DEPARTMENTS

Apache P.O. Box 697, St. Johns 85936 337-4364, ext. 16

Cochise P.O. Drawer 1858, Bisbee 85603 432-5451

Coconino 2500 North Fort Valley Road, Flagstaff 86001 . . . 774-0621

Gila 621 South Fifth Street, Globe 85501 425-2931

Graham Courthouse, Safford 85546 428-0110

Greenlee P.O. Box 936, Clifton 85533 864-2601

Maricopa 1825 East Roosevelt, Phoenix 85006 258-6381

Mohave 305 West Beale, Kingman 86401 753-2141, ext. 222

Navajo P.O. Box 427, Holbrook 86025 524-3562

Pima 151 West Congress, Tucson 85701 792-8511

Pinal P.O. Box 807, Florence 85232 868-5844

Santa Cruz 200 La Castellana Drive, Nogales 85621 287-4163

Yavapai P.O. Box 2111, Prescott 86301 445-7450, ext. 51

Yuma 201 Second Avenue, Yuma 85364 782-4531, ext. 30

Epidemiology (continued)	STATE	FEDERAL	ENDOWMENTS & DONATIONS	PROGRAM TOTAL
Data Processing	102,201			102,201
State Laboratory	226,320	491,970		718,290
Subventions		111,279		111,279
	\$ 996,827	\$ 626,382		\$ 1,623,209
Mental Health				
Management and Program Develop.	\$ 147,398	\$ 3,457	\$	\$ 150,855
Subventions	828,559	110,187		938,746
	\$ 975,957	\$ 113,644		\$ 1,089,601
Addictive Behavior				
Management	\$ 38,551	\$	\$	\$ 38,551
Alcohol	42,256	79,586		121,842
Drug	32,452	20,813	20,000	73,265
Subventions	2,042,611	511,566	180,907	2,735,084
	\$ 2,155,870	\$ 611,965	\$200,907	\$ 2,968,742
TOTAL	\$10,574,932	\$5,172,441	\$203,022	\$15,950,395
STATE HOSPITAL				
Mental Health Care	\$ 4,996,030	\$ 227,402	\$	\$ 5,223,432
Mental Retardation	643,119			643,119
Forensic Psychiatry	925,304			925,304
Staff Training and Development	525,254	69,324	23,091	617,669
Auxiliary Patient Services	2,318,825	2,787		2,321,612
Support Services	2,610,850		120,158	2,731,008
Capital Outlay	196,208			196,208
TOTAL	\$12,215,590	\$ 299,513	\$143,249	\$12,658,352
CRIPPLED CHILDREN'S SERVICES				
Tempe Hospital	\$ 3,125,502	\$ 475,544	\$ 55,127	\$ 3,656,173
Tucson Clinic	414,382	170,039	1,738	586,159
Mental Retardation Program at Tempe Hospital	484,091		170	484,261
TOTAL	\$ 4,023,975	\$ 645,583	\$ 57,035	\$ 4,726,593
HEALTH PLANNING AUTHORITY				
Gen. Program Mgmt. and Operations	\$ 284,578	\$ 127,346	\$	\$ 411,924
Subventions	181,500			181,500
TOTAL	\$ 466,078	\$ 127,346		\$ 593,424

	STATE	FEDERAL	ENDOWMENTS & DONATIONS	PROGRAM TOTAL
PIONEERS' HOME General Operations	\$ 533,734	\$	\$372,505	\$ 906,239
DIRECTOR'S OFFICE (Reorganization Funds) Miscellaneous Operations	\$ 89,358	\$	\$	\$ 89,358
GRAND TOTAL	\$27,903,667	\$6,244,883	\$775,811	\$34,924,361

SUBVENTIONS BY PROGRAM

PROGRAM	STATE	FEDERAL	TOTAL
Commissioner			
Per Capita to Counties	\$ 528,251	\$	\$ 528,251
Direct Grants to Counties	300,000		300,000
Fiscal to Counties		42,054	42,054
	\$ 828,251	\$ 42,054	\$ 870,305
Environmental Health			
Sanitation	\$	\$ 9,091	\$ 9,091
Health Programs			
Nursing	\$	\$ 46,399	\$ 46,399
Preventive Health Services	352,067		352,067
Nutrition	41,505	139,069	180,574
Venereal Disease		207,834	207,834
Tuberculosis	445,575		445,575
Dental		72,759	72,759
Newborn Transportation	728,782		728,782
Sickle Cell	10,979		10,979
Mental Retardation		316,218	316,218
Maternal and Child Health		216,957	216,957
Family Planning		498,454	498,454
Hospital Construction		665,117	665,117
	\$1,578,908	\$2,162,807	\$3,741,715
Epidemiology			
Health Education	\$	\$ 16,012	\$ 16,012
Acute Disease Control		95,267	95,267
		\$ 111,279	\$ 111,279
Mental Health	\$ 828,559	\$ 110,187	\$ 938,746
Addictive Behavior			
Alcohol	\$1,351,120	\$ 441,990	\$1,793,110
Drug	872,398	69,576	941,974
	\$2,223,518	\$ 511,566	\$2,735,084
Health Planning Authority			
Assistance to Local Health Planning Councils	\$ 181,500	\$	\$ 181,500
TOTAL SUBVENTED FUNDS	\$5,640,736	\$2,946,984	\$8,587,720

SUBVENTED FUNDS TO COUNTIES

	APACHE		COCHISE		COCONINO		GILA		GRAHAM		GREENLEE	
	State	Federal	State	Federal	State	Federal	State	Federal	State	Federal	State	Federal
Commissioner												
Per Capita	8,984		18,464		14,411		8,724		4,944		3,081	
Direct Grants	21,428		21,428		21,428		21,428		21,428		21,428	
Fiscal (314.d)				18,000								
Environmental Health												
Sanitation												
Health Programs												
Nursing (314.d)						34,533						
Preventive Hlth. Svcs.												
Nutrition		6,769				20,848	4,546	545		2,989		
Venereal Disease						31,903						
Tuberculosis			22,194				1,271		6,317		7,722	
Dental (314.d)												
Newborn Transp.												
Sickle Cell												
M. R.												
MCH						8,320				19,552		3,573
Family Planning												
Hosp. Const.										615,900		
Epidemiology												
Health Ed. (314.d)												
Acute Disease												
Mental Health							22,000	550				
Addictive Behavior												
Alcohol	6,735	4,000	45,328	10,794	98,356	5,944	8,258	79,944		2,212		2,469
Drug			71,124		6,000							
Health Plan. Auth.			8,000						8,000		8,000	
TOTAL	37,147	10,769	186,538	28,794	140,195	101,548	66,227	81,039	40,689	640,653	40,231	6,042

SUBVENTED FUNDS NOT IDENTIFIED TO SPECIFIC COUNTY

	Northern Arizona Council of Governments		Coconino - Tri-County		Central Arizona Association of Governments		Family Planning Council	
	State	Federal	State	Federal	State	Federal	State	Federal
Commissioner								
Health Programs								
Nutrition	28,172							
Tuberculosis	42,802		23,810		5,909			
M.R.		40,577						
Family Planning		149,455						22,724
MCH								1,575
Mental Health								
Addictive Behavior								
Alcohol								
Drug		3,260				2,972		
Health Plan. Auth.	32,000				16,000			
TOTAL	102,974	193,292	23,810		21,909	2,972		24,299

MARICOPA		MOHAVE		NAVAJO		PIMA		PINAL		SANTA CRUZ		YAVAPAI		YUMA		TOTAL
State	Federal	State	Federal	State	Federal	State	Federal	State	Federal	State	Federal	State	Federal	State	Federal	
289,090		7,711		14,182		104,870		20,451		4,165		11,035		18,139		528,251
21,429		21,429		21,429		21,429		21,429		21,429		21,429		21,429		300,000
	9,625		3,119													30,744
			1,863													9,091
															11,866	46,399
202,441						149,626										352,067
	42,102	3,051	3,381		5,166		27,660		11,135		13,560			5,736	4,914	152,402
	93,193						82,738									207,834
130,540		21,800				72,769		35,870		25,371		19,488		29,712		373,054
	72,759					264,400										72,759
464,382																728,782
10,979																10,979
	173,971						101,670									275,641
	78,362		20,799		3,159		64,561				9,531				7,525	215,382
							210,532		76,529						39,214	326,275
							49,217									665,117
							16,012									16,012
	36,921						38,955					19,391				95,267
307,000	85,000					207,816	4,637	16,743	1,500		18,500			80,000		743,746
551,971	142,822	51,061	6,622	58,785	753	249,674	18,680		55,888	13,650	2,766	47,959	6,505	34,643	52,575	1,558,394
419,260	26,912					158,440	5,754	11,911						77,652		777,053
57,000		8,000				28,500				8,000				8,000		133,500
2,454,092	761,667	113,052	35,784	94,396	9,078	1,257,524	620,416	106,404	145,052	72,615	70,976	99,911	6,505	275,311	116,094	7,618,749

Northern Ariz. Comprehensive Guidance Centers		State-Wide Distribution		Resource Planning		Southeastern Arizona Governmental Organization		District No. 4 Council of Governments		TOTAL
State	Federal	State	Federal	State	Federal	State	Federal	State	Federal	
			11,310							11,310
										28,172
										72,521
										40,577
										172,179
										1,575
195,000										195,000
58,200		126,500	25,516		24,500					234,716
93,673		34,338			24,500		3,152		3,026	164,921
										48,000
346,873		160,838	36,826		49,000		3,152		3,026	968,971

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Dr. Suzanne Dandoy Named to Community Health Services Post



Dr. Suzanne Dandoy has been appointed assistant director for community health services in the Department of Health Services. She has been assistant commissioner for epidemiology and program design in the State Department of Health. She is a graduate of the University of Medicine.

James Goff Named To Environmental Health Services Post



James Goff has been named as assistant director for environmental health services in the Department of Health Services. He served in the Los Angeles County Department of Health from 1964-65 as assistant director of disease control and as assistant director of the Los Angeles County Department of Health from 1965-66.

Alice Harkins Named Advisory Groups

Alice Harkins has been appointed as a member of the advisory groups in the Department of Health Services. She is currently the executive director of the Los Angeles County Department of Health.

William White Heads Legal Services Unit



William White has been named as the head of the legal services unit in the Department of Health Services. He is currently the executive director of the Los Angeles County Department of Health.

Richard Shanks Heads And Ind



Richard Shanks has been named as the head of the administrative unit in the Department of Health Services. He is currently the executive director of the Los Angeles County Department of Health.

Robert Plann Named To Admin

Robert Plann has been named as the head of the administrative unit in the Department of Health Services. He is currently the executive director of the Los Angeles County Department of Health.

Dr. Schamadan's First Staff App



Dr. Schamadan's first staff appointment was of William D. Mack to the position of deputy director in the new Department of Health Services. The post is specifically mandated in the enabling legislation, which states that the deputy director shall assist the director in administering the department's services.

Dr. Colton Heads Surgery



Dr. Colton has been named as the head of the surgery unit in the Department of Health Services. He is currently the executive director of the Los Angeles County Department of Health.

Dr. Bower Heads Medicine

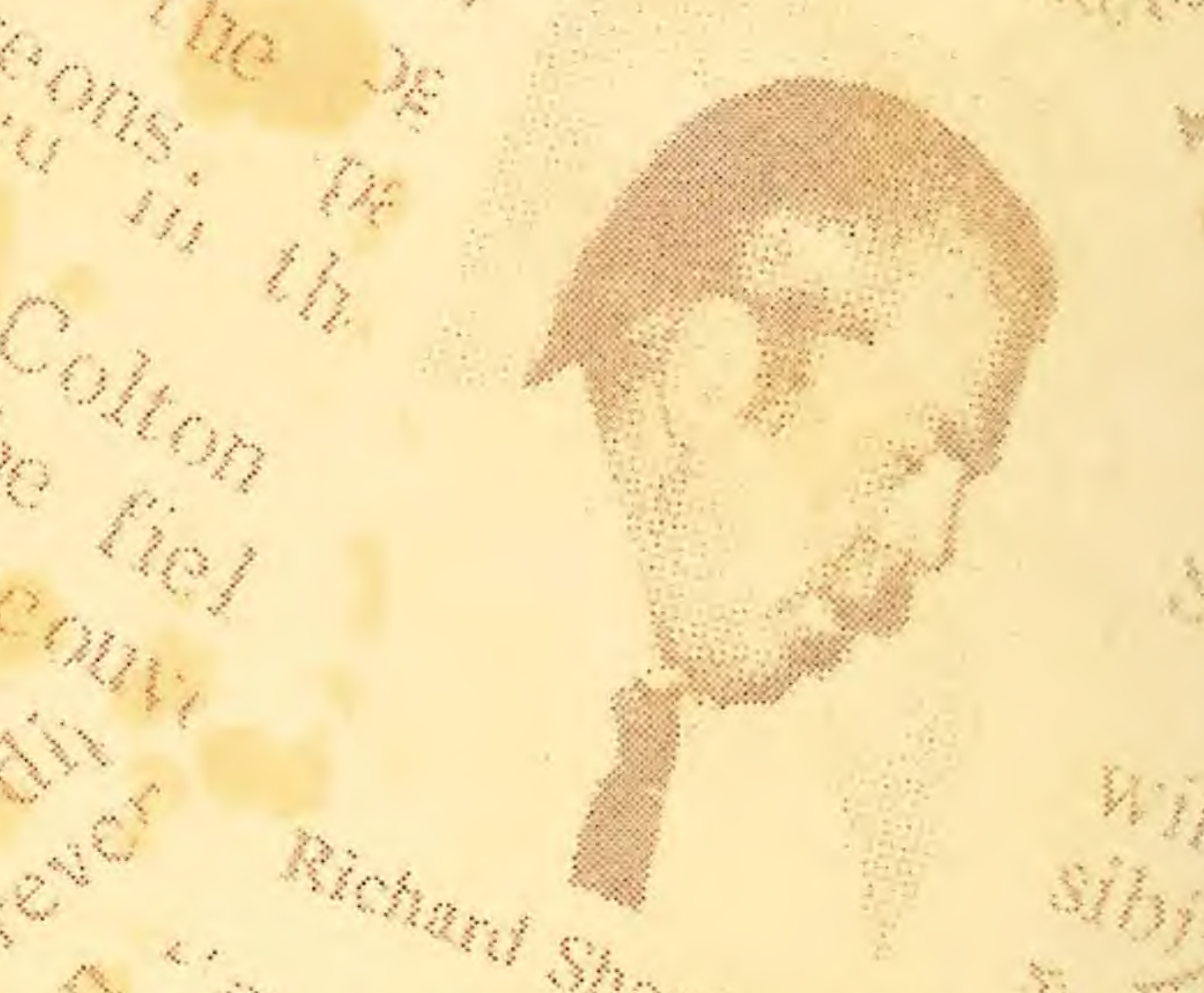
Dr. Bower has been named as the head of the medicine unit in the Department of Health Services. He is currently the executive director of the Los Angeles County Department of Health.

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